



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

June 2024



The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an overview of quality and safety across the Health Board.

The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.

This report provides information on:

- Patient safety incidents including nationally reported patient safety incidents
- Focus on Safer Care Collaborative
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- WalkRounds

Patient Safety Incident Reporting



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Patient Safety Incidents by month of occurrence

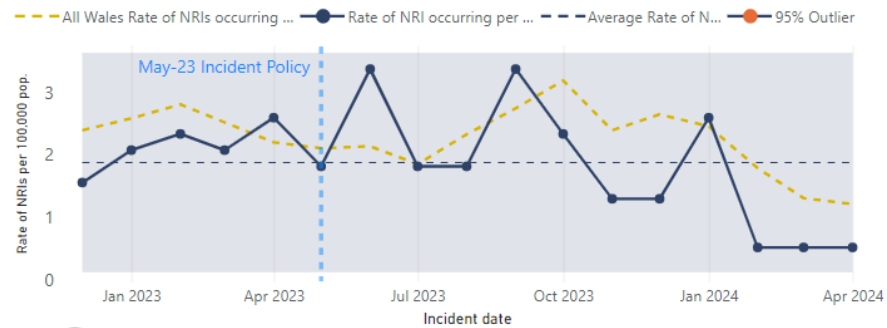


There were 14,984 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1st May 2023– 30th April 2024.

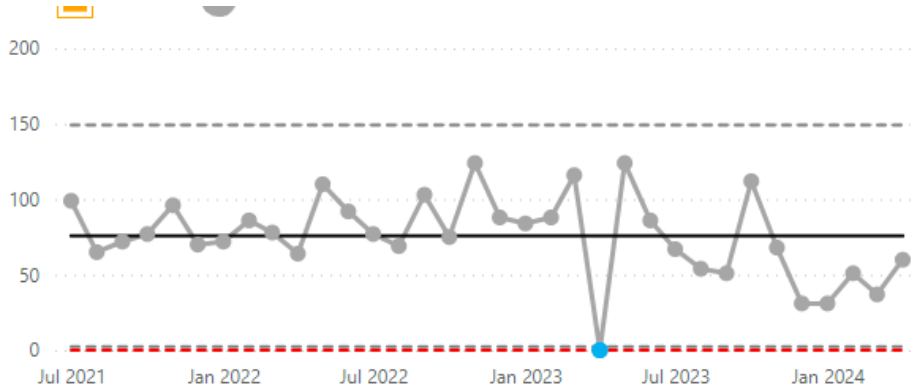
Of the 14, 984 patient safety incidents reported, 9, 843 have been closed. 1.5% were closed as moderate, severe or catastrophic harm.

Work continues to remind investigators that the grade/severity of an incident should reflect whether the investigation identified any acts or inactions by the Health Board that led to a negative outcome for the person affected e.g. an expected death in the community was closed as catastrophic by the service and on review no acts or inactions were identified.

HDU UHB rate of NRIs occurring (by incident date) per 100,000 population as of 07/05/2024



Investigated incidents causing moderate or worse harm



HDU UHB Yorkshire Contributory Factors Framework question responses to NRIs to date as of 07/05/2024

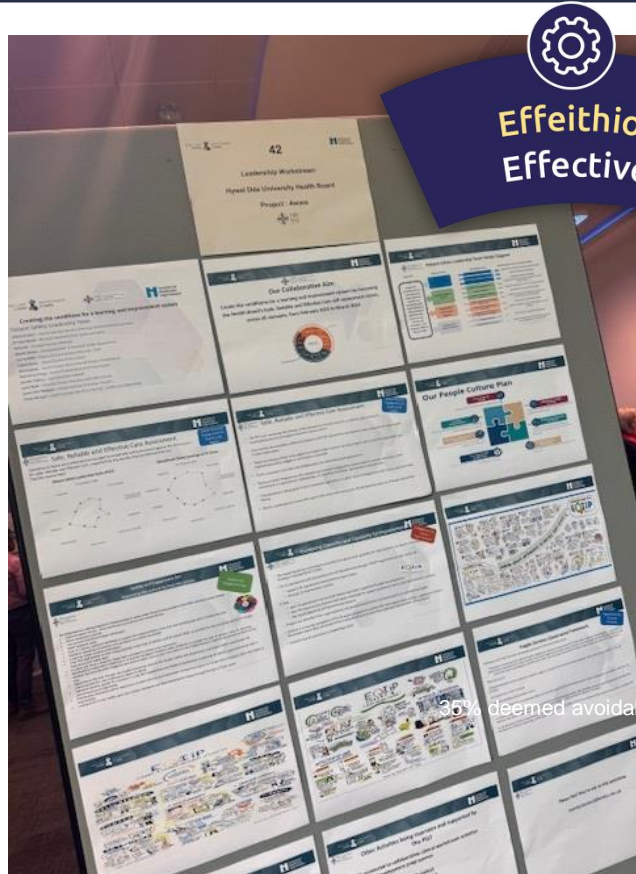
Factor	Yes	Maybe	No
Patient factors: Were there any reasons this incident was more likely to occur to this particular patient?	23	8	46
Workload and staffing issues: Was there a mismatch between workload and staff provision around the time of the incident?	13	3	61
Staff training and Education: Were there any issues with staff skill or knowledge?	12	7	58
Verbal and Written communication: Did poor written or verbal communication worsen the situation?	12	6	58
Team Factors: Was there any failure or team function?	8	10	59
Leadership, Supervision and Roles: Was there any failure of team function?	6	7	64
Physical environment: Did the environment hinder your work in any way?	6	4	67
National policies: Have any national policies influenced this incident?	5	2	69
Task characteristics: Did the task features make the incident more likely?	5	3	67
Individual Staff Factors: Were there any reasons this incident was more likely to occur with the particular staff involved?	4	6	66
Safety culture: Did the lack of safety culture in your clinical area contribute to this incident?	3	2	72
Scheduling and Bed Management: Did any time or bed pressures play a role in the incident?	3	2	72
Support from other departments: Were there any problems from other departments?	3	4	70
Design of Equipment, Supplies and Drugs: Was there any characteristic about the equipment, disposables or drugs that was unhelpful?	2	1	73
Drugs, Equipment and Supplies: Were there difficulties obtaining the correct drugs and/or working equipment and/or supplies?	1	0	75

Safer Care Collaborative

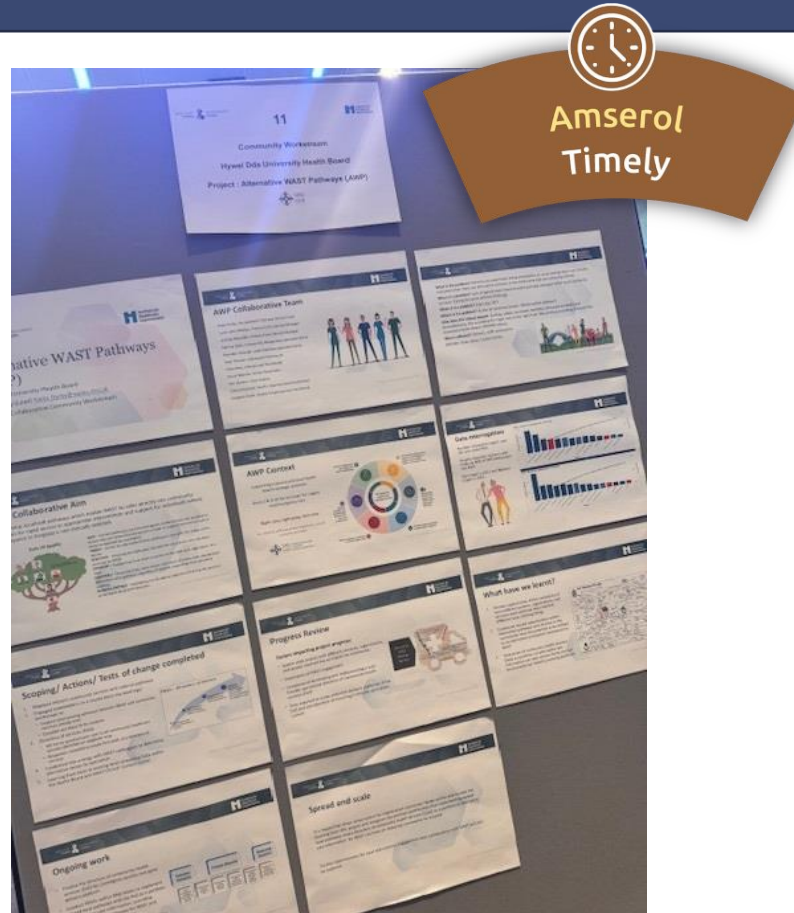


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Effeithiol
Effective



Amserol
Timely



person ganolog
person centred

EQIIP

Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice

linking concerns and other
quality metrics to quality
improvement



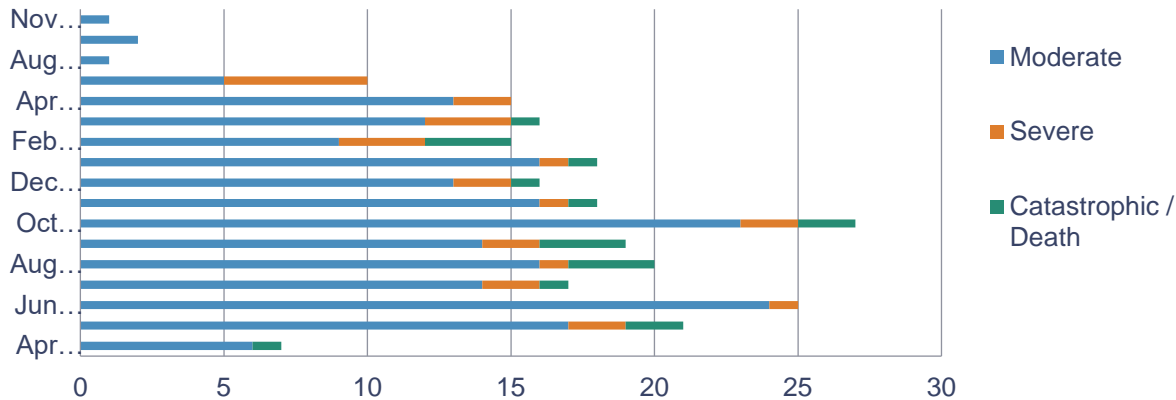
Duty of Candour (DOC)



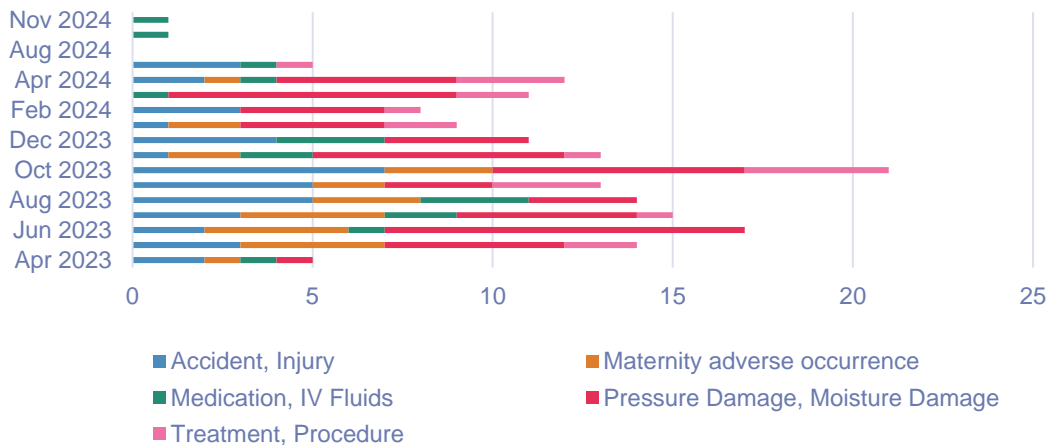
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(Managers interim harm assessment - Date NHS body become aware DOC triggered)



Top 5 themes



For each incident where the duty has been triggered the investigator/duty of candour lead is asked to provide a reason for why the duty has triggered. The reasons provided include:

- Timeliness of assessment
- Record keeping
- Medication error
- Patient fall
- Escalation of deteriorating National Early Warning Scores (NEWS)

Learning identified:

- Location of NEWS charts to facilitate earlier review by nursing and medical staff
- Allocation of specific staff to bed areas and close working
- Improved discharge summaries, Improved communication between Primary and Secondary care.
- GPs to include "red flag" symptoms
- Urgent patients booked in date order



Health Board Overview – Infection Prevention and Control

Healthcare Acquired Infection (HCAI) Comparative data across Health Board's (HB's)



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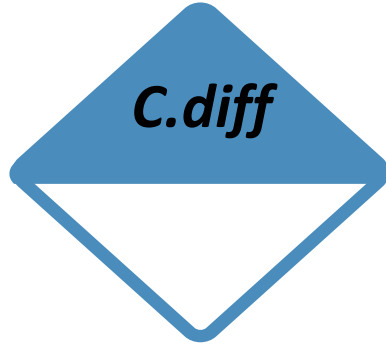
Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Apr 24

Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY	Current FY						
Select organism group	All organisms						
	Aneurin Bevan UHB	51.43	2.06	20.57	63.78	26.74	6.17
	Betsi Cadwaladr UHB	42.43	3.54	22.98	76.02	8.84	0
	Cardiff and Vale UHB	52.94	0	36.1	69.79	33.69	4.81
	Cwm Taf Morgannwg UHB	46.58	0	32.88	76.72	32.88	8.22
	Hywel Dda UHB	44.23	0	44.23	91.62	12.64	3.16
	Powys THB	18.17	0	9.09	0	0	0
	Swansea Bay UHB	63.46	0	38.08	60.29	31.73	0
	Velindre NHST						
	Wales	48.17	1.17	29.92	69.54	22.92	3.5

- < than same period last FY
- = same period last FY
- > than same period last FY

- Table above provides data until the end of April 2024 that confirms continued improvement with both *C.diff* and Gram negative bacteraemias achieving the Targeted Intervention (TI) reduction targets for both
- Focus now needs to be on reduction of *Staphylococcus aureus*.

Targeted Interventions – Implementation Plan

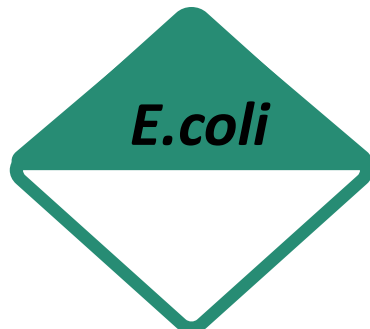
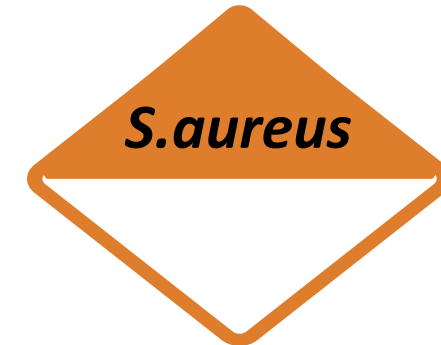


C.diff:

- HCAI Improvement Plan for 24/25
- 25% Reduction of HCAI *C.diff* expectation
- Weekly *C.diff* ward rounds on all sites to ensure correct management for patient safety
- Improve antibiotic stewardship and completion of Start Smart then Focus (SSTF)
- Focus on hand hygiene Quality Improvement (QI) projects – quarterly validation audits
- SpectrumX to be included in tender process for hand hygiene product
- Cleaning Matrix to include DiffX sporicidal disinfectant across all areas for general and terminal cleaning
- Surveillance of all cases both Toxin and PCR positive cases, monthly review and scrutiny meetings continue
- Increased Faecal microbiota transplantation FMT focus for relapses of CDI – 7 patients treated since January 2024, bringing total to 18

S.aureus:

- Wounds: Predominant source though variable – Improving compliance with aseptic non touch technique (ANTT) in all areas, need to ensure District nurses (DN's)/Practice teams are competent and practice monitored.
- Wound management to be assessed – primary and secondary care
- PICC/PVC lines: Line care group to be established – line infections show slight increase, management to be addressed through line group
- Renal : Catheter care improvement project to be initiated, with education sessions to include maintenance and removal criteria (HOUDINI)
- ANTT – some improvement with competency assessment seen – working with Critical Care for Silver accreditation
- Hand Hygiene – Review of audit process, consider stopping monthly ward-based audits – quarterly validation audits by IP&C. Focused work on patient hand hygiene to begin



Gram negative bacteraemia:

- While *E.coli* bacteraemias predominantly are identified as community onset and of urinary source, the majority of HAI's diagnosed have multiple co-morbidities and not often CAUTI related.
- Hydration of patients is key, while ANTT, catheter care and hand hygiene are all confounding factors in reducing HCAI's.
- Patient hand hygiene essential – QI project to focus on this subject
- Investigate Whole genome sequencing of *E.coli* strains to determine potential transmission factors
- In-depth interrogation of data ongoing to identify geographical areas of concern and environmental factors

Health Inspectorate Wales (HIW) / Care Inspectorate Wales (CIW) / Human Tissue Authority (HTA) inspection activity: 1 March 2024 to 31 May 2024



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There has been 2 new inspections from 1 March 2024 to date. Withybush Crèche received a team of inspectors from CIW in March 2024 and Glangwili General Hospital received a HTA inspection on the Mortuary. The Health Board have submitted an Action Plan for the Mortuary inspection and work continues at pace on the recommendations from the Crèche inspection.

The Health Board participated in a review on site at Glangwili General Hospital in relation to management and consideration of Do not attempt cardiopulmonary resuscitation (DNACPR). A review report has now been received and improvement planning is underway.

The Health Board has participated in a ***National Joint Review of Child and Adolescent Mental Health Services (CAMHS)**. This has involved the provision of a vast quantity of information regarding service specification and site visits during May 2024.



The Health Board has been requested to provide HIW with information around the model and plan for Prince Philip Hospital Minor Injuries Unit.

All open HIW / other body inspection actions plans are followed up on a monthly basis and escalated if no progress is seen. Directorates are able to log into the live Audit and Management Tracking System (AMaT) system and update their own actions and upload evidence of completion.

Directorates are actively supported and engaged to develop a SMART action plan within a realistic timeframe. HIW expect an update to all action plans on a three monthly basis until conclusion.

*Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW), and Estyn Joint National Review: How are healthcare, education, and children's services supporting the mental health needs of children and young people in Wales

HIW Quality Checks/Inspections: Open reviews and inspections

Title	Type	Date of inspection	Origin	Recommendations	Action
HIW (DRAFT) DNACPR Review	New	18/12/2023	Healthcare Inspectorate Wales (HIW)	17	None
HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	New	01/08/2023	Healthcare Inspectorate Wales (HIW)	11	28
HIW Bryngofal inspection July 2022	New	31/07/2022	Healthcare Inspectorate Wales (HIW)	19	19
HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	35
HIW Glangwili A&E Inspection (Dec 2022)	New	05/12/2022	Healthcare Inspectorate Wales (HIW)	27	93
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	New	07/03/2023	Healthcare Inspectorate Wales (HIW)	40	32
HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	New	31/01/2024	Healthcare Inspectorate Wales (HIW)	9	13
HIW National Review of MH Crisis Prevention March 2022	New	01/03/2022	Healthcare Inspectorate Wales (HIW)	19	39
HIW National Review of Patient Flow (Stroke Pathway)	New	14/03/2022	Healthcare Inspectorate Wales (HIW)	46	53
HIW National Review: Maternity Services 2020	New	19/11/2020	Healthcare Inspectorate Wales (HIW)	32	31

HIW Quality Checks/Inspections: Open reviews and inspections (cont)

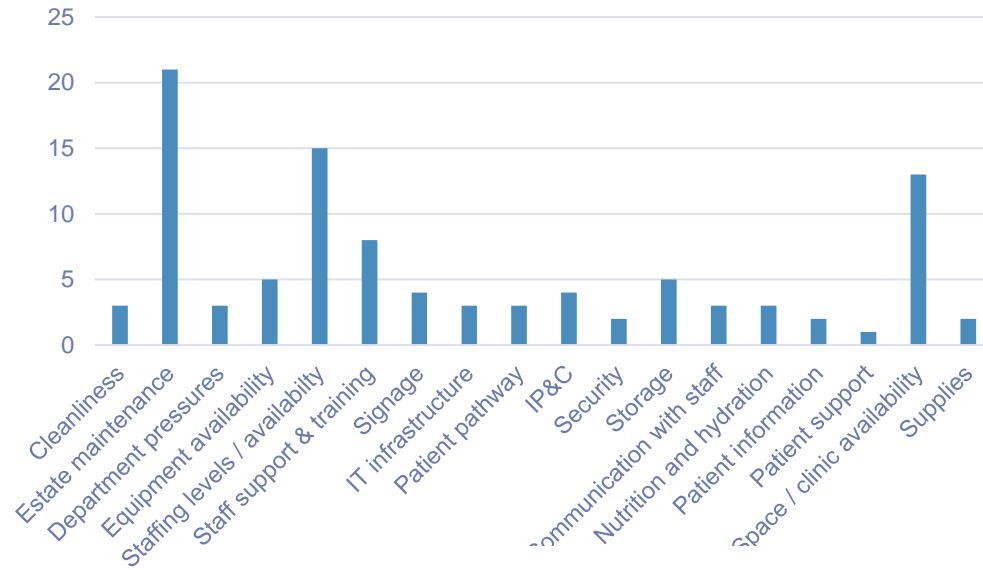
Title	Type	Date of inspection	Origin	Recommendations	Action
HIW Neyland and Johnson Health Centre Inspection	New	23/01/2024	Healthcare Inspectorate Wales (HIW)	18	25
HIW Prince Philip Hospital Minor Injuries Unit (June 2023)	New	26/06/2023	Healthcare Inspectorate Wales (HIW)	18	51
HIW St Caradog ward, Withybush Hospital	New	01/08/2021	Healthcare Inspectorate Wales (HIW)	2	3
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	24
HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	New	01/01/2016	Healthcare Inspectorate Wales (HIW)	3	3
HIW WAST inspection 2021 /2022	New	01/02/2023	Healthcare Inspectorate Wales (HIW)	4	4
HIW Withybush A&E unannounced inspection (August 2023)	New	22/08/2023	Healthcare Inspectorate Wales (HIW)	24	59
HIW: Quality Inspection (Ty Bryn)	New	01/11/2021	Healthcare Inspectorate Wales (HIW)	15	14
HTA Glangwili General Hospital Mortuary inspection	New	03/04/2024	Human Tissue Authority (HTA)	9	36

WalkRounds - Themes



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29 WalkRounds and 112 actions recorded on AMAT





The Quality, Safety and Experience Committee is requested to note the safer care collaborative work and take assurance that processes are in place to review and monitor:

- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- WalkRounds



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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Inspection Title	Recommendation	Reference Number	Action	Service	Date Due	Date Last Updated	Progress Status	Comments/Updates
HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	The health board should ensure that all patients are fully aware of all obstetric treatment choices and their risks and benefits and informed patient consent should be gained	Healthcare Inspectorate Wales (HIW)/2023/38/MD3/2	Audit compliance with the use of and documentation of care plans that evidence women having access to the information to make informed decisions/choices	Maternity, Obstetrics and Gynaecology	31/01/2024	08/11/2023	Overdue	
	The health board should develop and implement a system for tracking mandatory training levels for all clinical staff across the unit to ensure that they can address low levels of mandatory training compliance in a timely way	Healthcare Inspectorate Wales (HIW)/2023/38/SD10/1	An Excel spreadsheet has been developed to support tracking of medical compliance with mandatory training	Maternity, Obstetrics and Gynaecology	31/01/2024	05/03/2024	Overdue	Update 28/02/24 spreadsheet currently in development for all healthboard areas in relation to O&G medical workforce.
		Healthcare Inspectorate Wales (HIW)/2023/38/SD10/2	Monitoring will sit with the Directorate Quality, Safety and Experience Meeting which meets on a monthly basis.	Maternity, Obstetrics and Gynaecology	31/01/2024	05/03/2024	Overdue	Update 28/02/24 This will occur when the Excell document is complete, it will be taken and reviewed for action through the directorate QSE meeting.
HIW Bryngofal inspection July 2022	Appropriate and safe curtains are placed in patient bedrooms	Healthcare Inspectorate Wales (HIW)/2022/17/MD3/1	Estates to review environment in bedrooms and identify work plan to replace curtains	Facilities, Estates and Capital Management	30/06/2023	20/05/2024	Overdue	Update 05/10/22 Curtains were removed (re anti ligature work) windows tinted, ward manager to confirm what is required, Estates will then facilitate Update 19/04/23 Option costed, to be ordered and risk assessed. Expected to be completed by 30/06. Update 21/07/23 No funds remaining from the original allocation Update 10/08/23 LBG advised that there were no funds available in the original allocation, but we have included in our scope of works for PoL allowance to install reflective one-way privacy film to all bedroom windows. these works are due to start in September 2023 through to February 2024, I cannot be more specific about where in the programme of works the windows will be done Update 21/08/23 advised that work is underway to complete this action, expected end of Sept 2023. Update 16/10/23 expected to retrofit blinds in bedrooms at Bryngofal, request to Estates to assist Update 24/10/23 The blinds for the 17 bedrooms and the 136 suite are on order, and we are awaiting an update for delivery and fitting from EStates Update 14/12/23 The order is in with Swanmac the suppliers since October, and approval given for funding the new blinds. No update from estates since his chase email, Head of Adult inpatient to chase. Update 27/12/2023. Suppliers are due to fit Blinds on 03/01/2024 Update 6/2/2024. There was an issue with the magnet fittings of the blinds despite them being anti lig and MH ward specification. Estates (SE) and ward manager are due to meet supplier to rectify the issue. Revised date end of March 2024 Update 09/05/24. Ward Manager has confirmed current update from estates to be:- there have been some delays in relation to the supplier seeking significant costs to make alterations to the blinds purchased to make them appropriate for a 136 suite and anti-ligature. We are currently ordering the relevant parts to make the modifications. This shouldn't take too much longer to get finished and in place in the suite.
HIW GGH IRMER Inspection (Nov 2022)	The employer is required to provide HIW with details of the action taken to improve the ratification process for locally produced documentation so that information does not conflict with the employer's written procedure	Healthcare Inspectorate Wales (HIW)/2022/19/MD15/2	To source a document control system.	Radiology	30/09/2023	26/02/2024	Overdue	Update 23/11/23 added to risk register Requirement escalated in exception report to OQSEC 09/01/2024
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/2	d)Further development of Care Partner to capture physical health screening in line with above standards through electronic forms.	Mental Health and Learning Disabilities	30/11/2023	22/05/2024	Overdue	Physical Health checklist developed for inpatient pathway and awaiting approval. Plan for implementation on paper from Jan 24 whilst work to embed onto Care Partner is undertaken by system provider. Revised timescale 01/04/24. Update 17/03/24 Baseline audit complete within inpatient services. Update 23/04/24 Physical Health checklist discussed and agreed at ward managers forum. Plan to have checklist added to Care Partner by the end of July. Revised date for completion 31/07/24.
	The health board must ensure that carers assessments are routinely offered and where required, undertaken for relevant individuals, in line with The Mental Health Act 1983 Code of Practice.	Healthcare Inspectorate Wales (HIW)/2023/29/MD4/1	d)All teams to compile evidence folders for certification against Investors in Carers standards by a September 2023 and commence implementation of an annual review process.	Mental Health and Learning Disabilities	29/09/2023	22/05/2024	Overdue	Update 10/10/23 All teams across MH/LD directorate are now engaged with Investors in Carers. A full position statement is to be presented to MH/LD QSEG in December through an Investors in Carers Agenda Item agenda item. Timescale for completion revised to 31/12/23. Update 23/04/24 Deterioration in position due to movement of staff and need for champions to be identified. Full update on position to be reported at June MHLQ QSEG. Revised timescale for completion September 2024.
	The health board must ensure the inpatient ward round structure and arrangements in place allow for sufficient time for patients to be adequately discussed.	Healthcare Inspectorate Wales (HIW)/2023/29/MD6/1	e)Coproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Mental Health and Learning Disabilities	29/09/2023	23/05/2024	Overdue	Multi disciplinary Task and Finish Group established to coproduce standards for Ward Review process. Update 10/10/23 Multi disciplinary Task and Finish group established. Previous published work by Hywel Dda on service user perceptions and AIMS standards to be used as a reference point. Timescale revised to 31/01/24 to enable full engagement of service users and carers. Update 23/05/24 All Wales Patient Safety Programme for Mental Health launched to drive safety improvements across Inpatient Mental Health Wards (including standards for safe discharge). Development of consistent standards across Wales will be developed through this programme. The Health Board are active participants and will contribute to this work through relevant national work streams and local implementation of standards. Date of completion therefore revised to 30 November 2024 to enable reflection of nationally evolving work.

Inspection Title	Recommendation	Reference Number	Action	Service	Date Due	Date Last Updated	Progress Status	Comments/Updates
	The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/29/MD7/2	g) And review the health boards current Discharge Policy (# 370 Discharge and Transfer of Care Policy) to ensure additional standards that underpin safe practice in MH discharges (in line with NICE guidelines) are incorporated.	Mental Health and Learning Disabilities	29/09/2023	23/05/2024	Overdue	Update 10/10/23 Review of Health Board Policy #370 Discharge and Transfer of Care underway however detailed input from mental health services incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore delayed. Revised timescale for completion 28/02/24. Update 09/05/24 Review of Health Board Policy #370 Discharge and Transfer of Care still underway. Health Board Discharge Strategy Group established with Mental Health representation. Revised timescale for completion October 2024.
	The health board must ensure that all relevant staff complete training for timely and effective communication and information sharing relating to the patient discharge process.	Healthcare Inspectorate Wales (HIW)/2023/29/MD8/1	h) Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	Mental Health and Learning Disabilities	31/10/2023	23/05/2024	Overdue	Development of a training resource is incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore progress delayed. Revised timescale 01/04/24. Update 23/05/24 All Wales Patient Safety Programme for Mental Health launched to drive safety improvements across Inpatient Mental Health Wards (including standards for safe discharge). Development of consistent standards across Wales will be developed through this programme. The Health Board are active participants and will contribute to this work through relevant national work streams and local implementation of standards. Date of completion therefore revised to 31/12/24 to enable training to be developed to reflect nationally evolving work.
	The health board must provide assurances on the arrangements in place to ensure that patients have access to inpatient beds when required and the mitigations against risks associated with using beds already allocated to other patients who are on section 17 leave.	Healthcare Inspectorate Wales (HIW)/2023/29/MD15/1	j) Strategic review of bed utilisation to inform prediction / trajectories of future need, support removal of delayed transfers of care, to enable service planning and responsiveness.	Mental Health and Learning Disabilities	31/12/2023	23/05/2024	Overdue	Update 09/05/24 A range of actions have been undertaken and are ongoing to support the strategic review of bed utilisation. 1) Review of external reports that reflect information about HDUHB MHLed bed utilisation (benchmarking reports and census reports) undertaken by Values Based Care Team - report awaited. 2) Establishment of regular multi disciplinary meeting chaired by Assistant Director of MHLed to review and monitor delayed pathways of care which has led to an improved position. 3) Commenced clinically led work to review admission and discharge pathways, to support consistent processes since move from functional to sector based medical model. This work remains ongoing. 4) Confirmed need and brief for regular reporting on bed utilisation to inform strategic oversight and monitoring, which is being followed up by data analysts. 5) Broader work to consider bed base in the context of Health Board saving requirements including full quality impact assessment to be undertaken. Revised completion date November 2024.
	The health board must ensure that there are adequate arrangements in place for the management and storage of any paper patient records across the health board mental health services: a) to ensure a standardised approach to allow for efficient access to patient information; b) to maintain the security of patient data and clinical information.	Healthcare Inspectorate Wales (HIW)/2023/29/MD18/2	k) Scope actions needed to implement full transition to paper free clinical records across the MH/LD Directorate and feed into the health boards digital strategy work.	Mental Health and Learning Disabilities	30/09/2023	23/05/2024	Overdue	Update 10/10/23 Full transition to paper free clinical records incumbent on national direction. Focus of action therefore revised to: Scope digital priorities and smarter working practices to support shift to digital across MH/LD Directorate (eg use of digital dictation) through a digital workshop led. Revised timescale 31/01/24. Update 21/11/23 Initial presentation on HB Digital Strategy presented to BPPAG on 28.09.23. Date being sought for directorate wide workshop. by Innovation and Digital Transformation Team. Update 23/11/23 Discussion held at BPPAG with input from the HB Digital Director. Date for directorate wide workshop revised to 30/04/24. Update 09/05/24 Delivery of directorate digital workshop delayed due to workload capacity. Provisional date of 30/05/24 set however likely to move again. Target completion date therefore revised to September 2024. Directorate representatives have however participated in a Phase 2 Mental Health discovery workshop on 20 March 2024, delivered by channel3 consulting on behalf of the NHS Executive to build on the first phase of Mental Health Discovery (completed with Cwm Taf), with an objective to explore digital and data opportunities across Mental Health Services.
	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/2	o) Review application of MH safe staffing principles and Welsh Levels of Care (Version 3 once published) for use across MH services.	Mental Health and Learning Disabilities	30/09/2023	23/05/2024	Overdue	Update 10/10/23 Mental Health Safe Staffing Principles and Welsh Levels of Care (version 3) remain in draft and unpublished. A review of establishment for inpatient assessment and treatment services is underway. The above draft documents are being used to inform the review. The timescale for completion has been affected by limited capacity within the finance and nurse staffing team. 31/12/23 is the revised target date for completion of the review. Update 09/05/24 Inpatient establishment review work has been completed by the directorate and is awaiting professional scrutiny via the Exec Director of Nursing. Meetings are in place to facilitate this through May and June. Target completion date therefore revised to July 2024.

Inspection Title	Recommendation	Reference Number	Action	Service	Date Due	Date Last Updated	Progress Status	Comments/Updates
		Healthcare Inspectorate Wales (HIW)/2023/29/MD25/3	p)Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	Mental Health and Learning Disabilities	30/11/2023	27/05/2024	Overdue	Update 24/05/24 Delay in updates to this action due to delay in publication of Welsh levels of care guidance for inpatient mental health and pause of All Wales Mental Health Workstream for Nurse Staffing. Extraordinary MH Workstream Group meeting scheduled for 4th June 2024 where practical application of Welsh Levels of Care within SAFECARE will be reconsidered. Local capacity being scoped within the Hywel Dda Nurse Staffing Team in anticipation of being able to work towards implementing a local pilot of SAFECARE across one mental health inpatient ward. Timescale for completion therefore revised to 31/12/2024.
		Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4	q)Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	Mental Health and Learning Disabilities	31/12/2023	27/05/2024	Overdue	Update 22/11/23 MHL Workforce Management Group established. Support to gain regular breakdown of workforce metrics for MHL services to enable baseline measures and tracking approach established. Discovery focus groups underway across MHL areas to gather feedback from staff to inform MHL retention plan. Update 24/05/24 Discovery focus groups completed and draft report with recommendations for action complete for presentation to MHL Leadership Group in June. High level recruitment and retention areas of actions developed inclusive of Discovery work feedback. Targeted action plan under development and to be presented to MHL Workforce Management Group in July 2024. Completion date therefore revised to 30/07/24.
The health board must provide HIW with an update on how it is assured that community teams within its mental health services have sufficient capacity to meet their patient caseloads.		Healthcare Inspectorate Wales (HIW)/2023/29/MD26/2	s)Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	Mental Health and Learning Disabilities	30/09/2023	27/05/2024	Overdue	Update 10/10/23 Work is being led by the Assistant Director for Mental Health and Learning Disabilities. Timescale for completion revised to 31/12/23.
The health board must ensure CRHT's have appropriate facilities to allow staff to undertake the full requirements of their roles.		Healthcare Inspectorate Wales (HIW)/2023/29/MD27/1	t)Resolve CRHT access to space within all emergency departments.	Mental Health and Learning Disabilities	31/07/2023	27/05/2024	Overdue	Update 10/10/23 EED departments currently under significant pressures and are unable to ring fence identified rooms for mental health assessment only. This challenge has been flagged through Operational Planning and Delivery Programme (04/10/23). Solutions continue to be sought through local discussions. 31 March 2024 set as a revised timescale for implementation.
The health board must consider undertaking a training needs analysis for inpatient and community mental health staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.		Healthcare Inspectorate Wales (HIW)/2023/29/MD32/1	u)Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	Mental Health and Learning Disabilities	30/11/2023	27/05/2024	Overdue	Update 22/11/23 Training Needs Analysis tool developed by Learning and Development Team to be piloted across MHL services. Update 24/05/24 Update. Progress with action delayed due to directorate capacity to facilitate pilot of TNA tool. Directorate to re engage with Learning and Development to agree a plan to progress. Completion date therefore revised to 30/09/24.
The health board must ensure that all staff across the mental health services are aware of how to access support, and that timely access to occupational health and well-being support is available to staff when required.		Healthcare Inspectorate Wales (HIW)/2023/29/MD33/1	v)Develop a Directorate Staff Engagement and Organisational and Development Plan, supported by colleagues from Workforce to include consideration of effective communication mechanisms that will gather feedback to inform, shape and promote wellbeing support.	Mental Health and Learning Disabilities	31/03/2024	05/06/2024	Overdue	Joint actions agreed by the Directorate leadership team and Culture and OD team to inform and support development of a Directorate Staff Engagement and Organisational Development plan: 1.Review of MHL data as part of an OD and culture diagnostic to analyse and identify any trends. 2.Undertake a leadership training needs analysis to support further development and succession planning. 3.Workshops to agree the future ODRM support plan for the Directorate on a service/area basis, with a focus on sharing the culture-change vision and what it entails. 4.OD and culture team to attend bi-monthly leadership meetings to feedback and update. 5.To continue to engage and contain the 'hot' areas as they arise. 6.Explore opportunities and education for flexible/agile working and any pilots as part of retention. Update 24/05/24 Joint work outlined above by the MHL Directorate and Culture and OD team remains underway. Completion date revised to 30/09/24 to enable collation of outcomes from above into a documented plan for presentation to the MHL Workforce Management Group.
The health board should ensure there is adequate and consistent engagement with all staff around the audit arrangements in place across its mental health services, and that staff are made aware of all audit result and any actions required for improvement.		Healthcare Inspectorate Wales (HIW)/2023/29/MD34/1	w)Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements to include:- -Testing assurance of consistent implementation of CAT and Physical Health Screening -Testing assurance of appropriate completion of WARRN -Routine reporting and monitoring of compliance with routine offer of carers assessments -Audit of compliance with Ward Round (MDT Review) standards -Routine report and monitoring of compliance with communication of discharge notifications, discharge letters and discharge summaries against NICE guideline standards -Record Keeping Documentation Audit to include completion and uploading of discharge checklists and communication of discharge plans -Testing assurance of the quality of discharge letters -Routine reporting and monitoring of compliance with 72 hour follow up	Mental Health and Learning Disabilities	31/12/2023	05/06/2024	Overdue	Medical Staffing Committee audit lead identified, and a meeting scheduled for September 2023 to develop the audit framework and plan and to discuss its implementation. MHLD directorate themed audits have also been identified and have been accepted as part of the Health Board's Clinical Audit Plan. Update 24/05/24 Update - MHL Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHL QSEG meeting in June 24. Completion date therefore revised to 30/06/24.
		Healthcare Inspectorate Wales (HIW)/2023/29/MD34/2	x)Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	Mental Health and Learning Disabilities	31/12/2023	05/06/2024	Overdue	Update 24/05/24 Update - MHL Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHL QSEG meeting in June 24. Completion date therefore revised to 30/06/24.

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		Healthcare Inspectorate Wales (HIW)/2023/29/MD34/4	2) Update reports on progress of the clinical audit programme to be provided to MHLQ QSEG in order to provide oversight on outcomes.	Mental Health and Learning Disabilities	31/03/2024	27/05/2024	Overdue	Not due. Update 24/05/24 Update - MHLQ Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHLQ QSEG meeting in June 24. Completion date therefore revised to 30/06/24.
	The health board must consider how it can audit the process in place for social worker identified incidents, which are documented within Datix, and that feedback, learning and actions are shared with them as applicable.	Healthcare Inspectorate Wales (HIW)/2023/29/MD38/1	dd) Review options for enabling Social Workers who provide a service on behalf of the health board to have direct access to DATIX, establish a process to implement this which includes routine access to DATIX for all new Social Workers joining mental health teams and processes to amend access when moving or leaving the team. Identify existing Social Workers to set up system access and training to enable full use of DATIX and feedback mechanisms within the system.	Mental Health and Learning Disabilities	31/07/2023	27/05/2024	Overdue	Update 10/10/23 Options to enable direct access to Datix for social workers who provide a service on behalf of the health board has been explored and the ability to provide access through the Patient Safety Team has been confirmed. Details of existing Social Workers are being gathered in order to establish Datix accounts and instigate training. Revised timescale for completion 31/11/23. Update 22/11/23 Details of existing Social Workers have been gathered and Datix accounts have been requested.
HIW IRMER Diagnostic imaging x-ray department Wityhush Hospital January 2024	The Employer is required to provide HIW with details of the action taken to revise and update the employer's written procedure and flow chart for pregnancy enquiries for staff must be updated to ensure it includes reference to the circumstances when a pregnancy test should be considered and how the result will be effectively communicated	Healthcare Inspectorate Wales (HIW)/2024/86/MD1/1	Employers Procedure 8 to be reviewed and updated to reflect the circumstances when a pregnancy test should be considered, recorded and communicated. Mitigation – not accepting verbal confirmation of pregnancy status, it must be written on the request form or checked via Welsh Clinical Portal during the review period. This will be communicated across all sites.	Radiology	31/05/2024	17/04/2024	Overdue	
	The Employer is required to provide HIW with details of the action taken to revise and update the employer's written procedure for pregnancy enquiries to include gender inclusive language.	Healthcare Inspectorate Wales (HIW)/2024/86/MD2/1	Employers Procedure 8 to be reviewed and amended to include gender inclusive language.	Radiology	31/05/2024	17/04/2024	Overdue	
	Employer must provide HIW with details of action taken to manage entitlement of all duty holders (medical, non-medical and third party across the site). They must provide an action plan detailing when this process will be completed and the mitigation in place in the meantime to promote patient safety.	Healthcare Inspectorate Wales (HIW)/2024/86/MD5/5	3. Mitigation Whilst awaiting the new RISP system we have been implementing an electronic requesting system which is recording all grades of referrers and referrers cannot be added to the system unless they have GMC/GDC/Non-medical referrer entitlement. A list of foundation doctors are flagged to us via medical staffing which is checked by radiographers prior to accepting requests. Six monthly Health Board wide communication from Medical Director/ Executive Director of Therapies and Health Science/ Executive Director of Nursing, Quality and Patient Experience to all medical and non-medical referrers working within their teams, to ensure they are aware of their referrer responsibilities and required training under IR(ME)R 2017. This will also be disseminated via "quick guide for e-IRMER support for Radiology" and global intranet communication.	Radiology	31/05/2024	17/04/2024	Overdue	
HIW Neyland and Johnson Health Centre Inspection	The health board must ensure that all policies are drafted to ensure they are practice specific, version controlled, dated, with a review date and who is responsible for the policy. These include: •The process to be followed, for DNAs at both the practice and for hospital appointments. •A practice chaperone policy •Communication policy •The workflow of documents •Consent policy •Patients being admitted to hospital or when patients passed away •Equality, diversity and inclusion policy •Practice specific infection control policy •Safeguarding policy •Complaints protocol •Privacy notice	Healthcare Inspectorate Wales (HIW)/2024/111/MD1/1	To undertake a review of all policies listed. Development of the outlined policies to recognise that they are Managed Practices and that they are establishment specific. Communication with Health Board Information Governance team as well as Clinical Supervisory teams (eg chaperone policy) in supporting development. Practices directly managed by Hywel Dda adopt already approved, All Wales Policies. An appendix will be added to localise already existing organisational Policies to make directly applicable to the practice.	Primary Care	31/05/2024	17/04/2024	Overdue	
	The health board is to inform HIW when these items will be replaced at the practice.	Healthcare Inspectorate Wales (HIW)/2024/111/MD2/1	An action has been given to our organisations Estates Team advising of this action identified by HIW and timescale expected for completion of installation of 6 new elbow taps. An action has also be re-requested (previously requested 3/10/2023) of our Operations team to supply a sanitary bin.	Primary Care	30/04/2024	29/05/2024	Overdue	Been advised by Estates and Procurement that they are awaiting approval for Capital Funding for the taps and Procurement are sourcing a contract for supply and collection of Sanitary supplier for Managed Practices. 29/05/2024: We have been advised by the Estates Department that a plumber will be attending the Neyland Surgery on 01/06/2024 to action the elbow taps. We will update the report when the work has been actioned.
	The health board must address the issues raised by patients in the questionnaire regarding discrimination and access to all patients to the practice, regardless of any protected characteristic.	Healthcare Inspectorate Wales (HIW)/2024/111/MD3/2	All staff to book a space on Making A Difference training supported by the Organisation Development Team	Primary Care	31/05/2024	17/04/2024	Overdue	

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		Healthcare Inspectorate Wales (HIW)/2024/111/MD3/4	*Staff meeting following finalising of this report to examine and discuss patient feedback to highlight areas of improvement regarding patient experience and discrimination	Primary Care	31/05/2024	17/04/2024	Overdue	
	The health board need to inform HIW of the actions they will take to address any perceived issues relating to discriminations, fair and equal access and equality diversity and inclusion.	Healthcare Inspectorate Wales (HIW)/2024/111/MD16/3	*Inflate pathway developed by OD which is being rolled out in the practice in improving workplace Relationships and Culture.	Primary Care	31/05/2024	17/04/2024	Overdue	
	The health board needs to ensure that all staff at the practice understand the full implications of the duty of candour.	Healthcare Inspectorate Wales (HIW)/2024/111/MD17/1	Ensure all staff know and understand how the Duty of Candour standards apply to their role.	Primary Care	31/05/2024	17/04/2024	Overdue	
		Healthcare Inspectorate Wales (HIW)/2024/111/MD17/2	This will be added to the agenda for the next practice meeting for discussion and an offer made to all staff for further Duty of Candour support and training with Hywel Dda's Patient Safety and Assurance Manager.	Primary Care	31/05/2024	17/04/2024	Overdue	
HIW St Caradog ward, Wlithyush Hospital	The Health Board must produce an action plan detailing how they will address the issues raised in the IPC audit with clear timescales, and, within three months from the date of the quality check, provide HIW with an updated action plan, so that we can further assess progress made.	Healthcare Inspectorate Wales (HIW)/2021/12/MD2/1	Interior walls to be repainted where necessary to comply with IPC. Timescale 3 months, November 2021.	Mental Health and Learning Disabilities	27/08/2023	04/06/2024	Overdue	04/11/2021 - once the Advanced Fire Safety works have been completed, Estates will commence with the required painting works. This is anticipated to start in January 2022. Update 24/04/23 fire improvement works underway, painting to be completed thereafter, new date for completion. Update 03/10/23 from service all of the outstanding work, the estates works have been delayed considerably due to the issues in that are being faced in Wlithyush hospital, however in regular contact with the team, although unable to get a concrete plan from them for when the list of works is likely to be started, let alone completed. The Fire safety work is coming to an end, with a few doors left to be installed, however there have been some delays in this. Once we have these works completed, we will look to get the ward repainted to comply with IPC. Update 14/12/23 Estates advised that a start date for these works will be provided. Update 20/02/23 painting work will commence when all fire related work will be completed - which has been delayed until April 2024 - date will be provided once all work is completed. Update 04/03/24 advised to reallocate action to estates. Update 11/03/2024 Specification for multi quote 50 % complete / estimated completion and advertisement to be 25/03/2024 with an estimated start date to be mid April 2024 Update 09/05/24 Senior Nurse for the area has confirmed that decorating work is out to tender and quotes are being received. Revised timescale for completion is September 2024. Capital bid underway 07/2024.
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The Health Board must address the environmental issues and resolve them in a prompt and timely manner: 1) Mould and poor ventilation in both laundry rooms 2) Glass window cracked in St Non's leading into the courtyard requires replacing; 3) Sluice macerator on both wards needs to be fixed or replaced as both currently not working , 4) Occupational therapy room needs to be decluttered and tidied up and not used as a storage room; 5) Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated; 6) Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group; 7) Thermostats covers in some patient rooms on St Non are missing and need replacing.	Healthcare Inspectorate Wales (HIW)/2023/69/MD10/3	Estates improvements and decoration is currently underway on St Caradog Ward. Temporary signage to be put in place	Facilities, Estates and Capital Management	31/12/2023	22/05/2024	Overdue	Estates teams have been made aware of the situation and are arranging for signage to be fitted.
	The health board must ensure that safe holds are described in detail and that patient observations are recorded post any restraint or medical intervention in patient notes	Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1	To undertake a Directorate wide audit of Rapid Tranquillisation against standards for physical health monitoring within the Health Boards Rapid Tranquillisation Policy.	Mental Health and Learning Disabilities	31/03/2024	23/05/2024	Overdue	Update 23/05/24 Progress with this action has been delayed due to limited medical capacity. Plans to develop a rapid tranquillisation audit will be discussed at the newly formed Clinical Audit and Effectiveness Group meeting taking place in June 2024. Timescale for completion revised to 30th September 2024.

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HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets)	Healthcare Inspectorate Wales (HIW)/2016/146/MD1/1	Health Boards must ensure that care is provided for those (new or follow-up patients) with the greatest health need first, making most effective use of all skills and resources available.	Ophthalmology	31/03/2022	08/05/2024	Overdue	<p>9/1/2023 - Prioritisation still happening (e.g. longest waits). Still don't have capacity to deliver (outweighed by demand).</p> <p>23/01/2023 - HIW tracker update provided by the Patient Safety and Assurance Team on 20/01/2023.</p> <p>02/03/2023 - Improvements in follow-up waiting times will be based mainly around extended roles for optometrists which will be possible through contract reform (no date agreed as yet). Planned extension of the glaucoma service is expected to improve response times throughout 2023.</p> <p>18/04/2023 - Risk stratification of glaucoma patients complete, including those on a follow-up pathway. See on Symptom and Patient Initiated Follow-up is not considered a suitable pathway for Ophthalmology patients; therefore, improvements will be based around extended roles for optometrists which will be possible through contract reform. Planned expansion of the Glaucoma service is expected to improve review response times through 2023. This is reflected in the risk action plan for 1664 in terms of reviewing the Glaucoma plan by July 2023</p> <p>06/06/2023 - (Taken from DITS Response Pack June 2023) The service remains fragile and links to the request to formally merge with SB to form a regional service to strengthen the workforce and provision of patient care.</p> <p>27/09/2023 - This is superseded by the R1 Eye Care Measures that were introduced (in 2019). WG have encouraged SOS of PIFU use in follow-ups and collaborating with Primary Care/Optomtrists to create further new capacity. Focus on 100% delays. The HB are undertaking a full review of the workforce required internally to deliver the required capacity (multidisciplinary training). The Directorate plan to review all current Audit and Inspection tracked reports as there are concerns that a large proportion are out of date and have been superseded by Eye Care Measures and the recent GIRFT review. We accept that IVT is not formerly included in these new reports and would welcome a discussion how improvements can be captured. The Directorate have added a comprehensive Corporate level risk to Datix that encompasses all sub-specialities within Ophthalmology.</p>
HIW WAST inspection 2021 /2022	If and where local standard operating procedures are absolutely necessary, WAST and health boards must together ensure that ambulance crew are familiar with the handover policy for that ED.	Healthcare Inspectorate Wales (HIW)/2023/14/MD2/1	This work internally is continuing, the draft policy has been shared with wider group that met in January. Awaiting feedback from discussions with HIW following January meeting (22).	Unscheduled Care PPH	01/03/2023	27/02/2023	Overdue	<p>17/11/2021 - Working group in place to take forward</p> <p>16/02/2022 Previous management response - The HB have a Hand over policy which was jointly written with WAST colleagues, which clearly identifies roles and responsibilities. The policy is in the process of being updated and a task and finish group has been set up chaired by Head of Nursing and has representatives from WAST, and key staff across the organisation.</p> <p>23/02/2022 (BGH) - Ambulance offload policy arrangements are ongoing. Meetings due to be held in February. Acute stroke pathway has been in place long standing and the crews can handover immediately to teams in the CT scanner area. Update 27/10/22 (BGH) Excellent rapport and team work with WAST and Emergency staff .</p> <p>Red release becoming increasingly challenging due to lack of flow to wards and available beds . Increase in self presentation of critical patients via reception taking priority over ambulance arrivals . Increase of extrication of patients from vehicles outside (WGH) Ambulance offload policy updated for HDUHB and awaiting approval at ownership group in next few weeks. Department handover processes are within document and will be shared/displayed for familiarity when ratified.</p>
	Both WAST and health boards must ensure that ambulance crew and ED staff work collaboratively to ensure patient privacy and dignity is maintained, and patients are always provided with the opportunity to use private toilet facilities where appropriate, in a dignified manner whilst waiting on board an ambulance during delayed handovers.	Healthcare Inspectorate Wales (HIW)/2023/14/MD3/1	This work internally is continuing, the draft policy has been shared with wider group that met in January. Awaiting feedback from discussions with HIW following January (2022) meeting.	Unscheduled Care PPH	01/03/2023	09/01/2024	Overdue	<p>17/11/2021 - Working group in place to take forward</p> <p>16/02/2022 Previous management response - There is a check list which staff use to support identifying fundamentals of care – and a HCSW is allocated to review patient's fundamentals whilst they are on the ambulance and are to maintain a record of this, fundamentals of care include nutrition, hydration, and pressure damage care. This document will be reviewed with the Handover Policy.</p> <p>23/02/2022 (BGH) - Ambulance offload policy, embedded in which is the Care of the patient in the ambulance policy. Actions are awaiting to be agreed by the Health Board with a meeting due in early March to discuss, led by Unscheduled care HoN with Task and Finish Group. chased 25/10/22 Update 27/10/22 (BGH) Excellent rapport and team work with WAST and Emergency staff . Red release becoming increasingly challenging due to lack of flow to wards and available beds . Increase in self presentation of critical patients via reception taking priority over ambulance arrivals . Increase of extrication of patients from vehicles outside (WGH) Ambulance offload policy updated for HDUHB and awaiting approval at ownership group in next few weeks. Department handover processes are within document and will be shared/displayed for familiarity when ratified.</p> <p>Patients able to use facilities within the main ED department. Rapid assessment area available to support appropriate care delivery when patients are awaiting offload.</p>

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	WAST and health boards must review and continuously monitor their staff establishments, in order to ensure appropriate levels of staff are maintained at all times.	Healthcare Inspectorate Wales (HIW)/2023/14/MD4/1	The HB is in the process of undertaking a review of the ED nurse staffing across all acute sites at the HB - this is being led by the Nursing staffing lead, this was commissioned by the Executive Director of Patient Experience and Quality. The findings will be presented to the Directorate management team and executive team once complete.	Unscheduled Care PPH	01/03/2023	09/01/2024	Overdue	23/02/2022 (BGH) - The department staffing level is reviewed 3 times a day and where gaps are identified, a risk assessment is undertaken to maintain the department in as safe a manner as possible – for both nursing staff and clinical staff. Doctors’ rotas reviewed every day to ensure appropriate cover. The Executive Director of Patient Experience and Quality agreed that if ED have to surge into minors, then one additional RN to be put on duty for nights. 25/10/22 chased by 27/10/22 update (BGH) Staffing levels reviewed using BEST audit tool which requires need for uplift in staffing levels. Recruitment remains challenging so Dept focusing on retention . Staffing deficit impacting on offload delays . Exec team asked to consider implementation of financial incentives for all permanent staff to improve consistency in care . WGH The department staffing level is reviewed 3 times a day and where gaps are identified, a risk assessment is undertaken to maintain the department in as safe a manner as possible – for both nursing staff and clinical staff. The service management for A&E have reviewed the staffing. This has yet to be agreed by HDD board but priority staffing are being reviewed with a view to approval of elements asap