GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

August 2024

Situation

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
- Duty of Candour
- Public Services Ombudsman for Wales
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- WalkRounds
- Welsh Health Circulars

Patient Safety Incident Reporting

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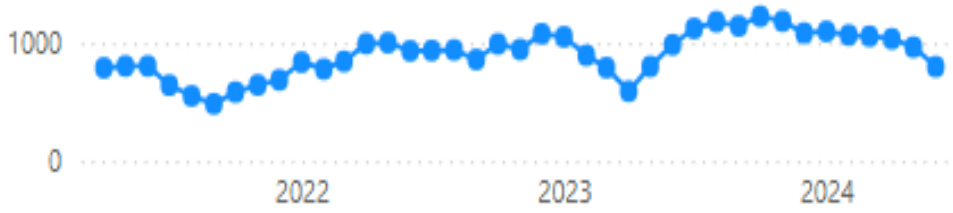
Patient Safety Incidents by month of occurrence

As at 30/06/2024



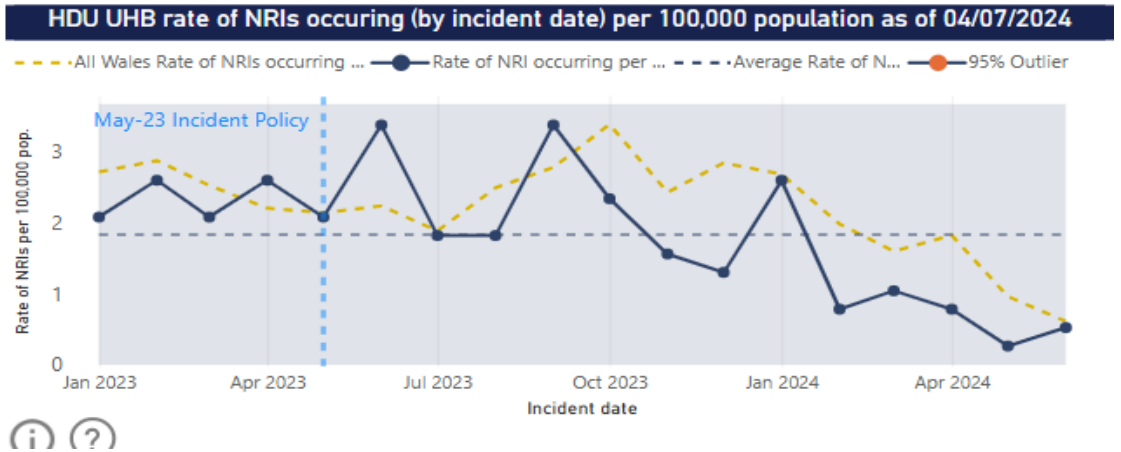
Investigated incidents causing moderate or worse harm

There were 14,126 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1st August 2023 – 31st July 2024.

Of the 14, 126 patient safety incidents reported, 9, 712 have been closed. 1% 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.

Diogel
Safe



Duty of Candour

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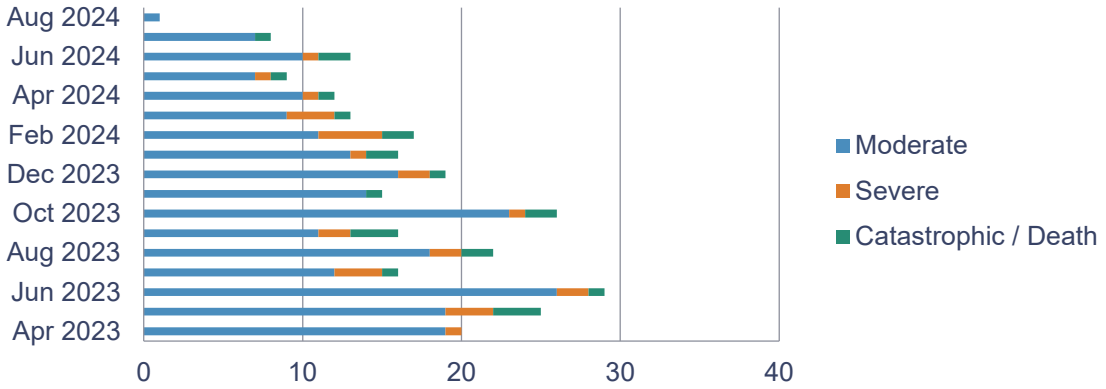
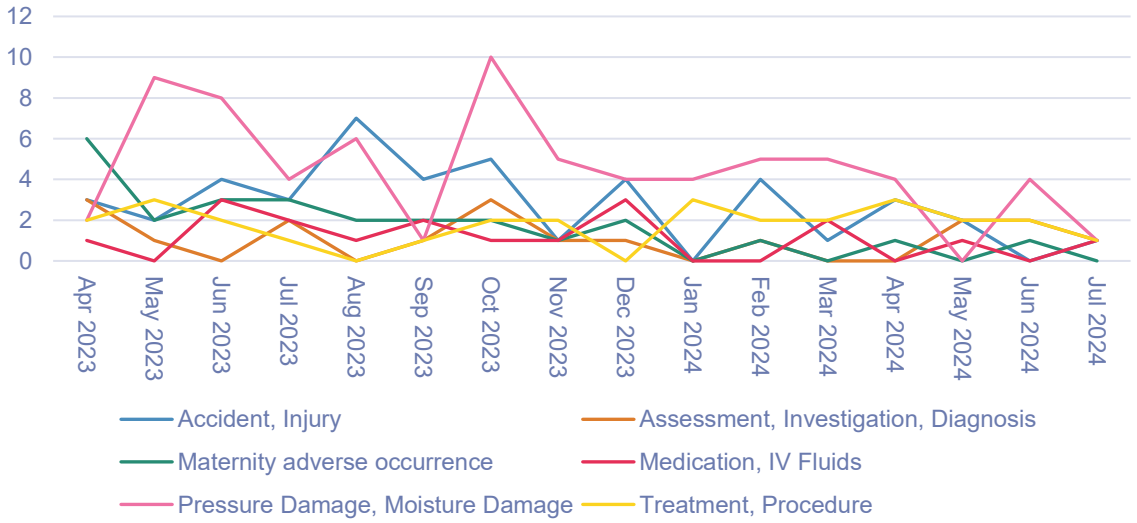
Incidents by Manager's interim harm assessment and Date Reported (Month and year)



Top 5 themes



Between 01/04/2024 and 30/06/2024, 63 incident records were closed where duty of candour had been triggered during the manager's initial assessment.

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:

- Patient fall
- Pressure damage developed whilst receiving health care
- Avoidable Hospital Acquired Thrombosis
- Deteriorating NEWS not escalated
- Treatment / procedural issues

Person ganolog
Person centred

Learning identified:

- Checking correct prescription and administration of prophylaxis
- Ensuring clear documentation and care planning
- Considering the needs of those with neurodevelopmental disorders, when planning the delivery of interventions and recognise that individuals' responses to decisions will not always be predictable
- Use of translation services
- Monitoring and use of WAASP tool and referral to therapy services

Public Services Ombudsman for Wales (PSOW)

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Final Investigation Reports received in 2023/24	23
Upheld	3
Partly Upheld	16
Not Upheld	4
Cases where financial redress was recommended by PSOW	8
Total Value	£5100.00
Value Range	£250 - £1500

The themes within the reports received from the PSOW during 2023/24 included:

- Care/treatment not following appropriate guidance;
- Lack of reasonable adjustments;
- Medication;
- Communication;
- Documentation / poor record keeping;
- Failures in relation to treatments, test, diagnosis;
- Discharge issues;
- Nutrition / hydration; and
- Complaint handling.

In response to the recommendations from the PSOW, we have:

- Carried out an audit of arterial cannula management to ensure nursing staff in the Intensive Therapies Unit (ITU) are reviewing arterial cannulas at the intervals specified in the Workbook and documenting them accurately and provide evidence that it has done so.
- Ensured that the PSOW recommendations are shared to facilitate learning across services and across the Health Board e.g. sharing the PSOW findings at a consultant forum to ensure wider learning from the complaint, noting in particular the record keeping requirements around counselling for treatment and the accuracy of the terminology used in the records.
- Reminded relevant staff of the benefit of recording in patient notes the availability of the SPCT, including out of hours, so it is visible to clinicians.
- Arranged for the nursing team to have a discussion on the alternatives to oral analgesia for patients with chronic pain and not able to tolerate oral medication.
- Reviewed how we support individuals with a hearing impairment, including ensuring their hearing aid is available, and how this is documented in a patient's notes.
- Introduced a lower threshold for decisions on whether to initiate "conscious sedation" during trans oesophageal echocardiography (TOE) procedures and endeavour to obtain the patient's agreement to receive sedation prior to the passage of the trans oesophageal probe
- Reminded nursing clinicians of the WAASP guidance and what it says regarding patients at moderate and high risk of malnutrition
- Developed local guidelines for independent inter-hospital transfer

Health Board Overview – IP&C
HCAI Comparative data across HB's

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

Additional filters for Table 1.

Select month or FY: Current FY

Select organism group: All organisms

< than same period last FY

= same period last FY

> than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	49.58	1.01	25.29	64.75	25.29	8.09
Betsi Cadwaladr UHB	46.95	2.61	25.21	86.08	10.43	0
Cardiff and Vale UHB	42.61	1.18	37.87	61.54	26.04	3.55
Cwm Taf Morgannwg UHB	37.73	0	41.77	82.2	25.6	5.39
Hywel Dda UHB	57.49	1.55	31.08	88.57	15.54	10.88
Powys THB	35.75	0	4.47	0	0	0
Swansea Bay UHB	60.86	1.56	28.09	54.62	32.77	1.56
Velindre NHST						
Wales	47.96	1.34	30	70.5	21.21	4.39

Improvement Actions

Period of increase incidence (PII) meeting held 02/07/2024

Clostridium Difficile Infection (CDI) Improvement Group – in conjunction with CDI internal review to be established and implement Health Board's action plan

Increase in Infection and Prevention Nurses in Bronglais General Hospital (BGH)

In the process of recruitment for a dedicated microbiologist for BGH

Exploring medical teams leading the Healthcare Acquired Infection (HCAI) scrutiny panel meetings

Antibiotic stewardship focus – medical teams to fulfil commitment to Start Smart then Focus (SSTF) audits

Quality improvement project to be initiated, aimed to improving hand hygiene and appropriate glove use

Deep clear of patient areas once symptoms resolve

Urinary Tract Infection (UTI) roadshows to be implemented across the Health Board

HIW / CIW / HTA inspection activity:
01/06/2024 to 31/07/2024

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There has been no new reports published by Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW) or the Human Tissue Authority (HTA) relating to the Health Board in the period 1st June 2024 to 31st July 2024.

HIW undertook an unannounced inspection of Morlais Ward, Glangwili General Hospital on 1st, 2nd and 3rd July 2024. There were no areas of immediate concern or for immediate assurance identified during the inspection. The draft report has been received for confirmation of factual accuracy and an improvement and learning action plan is being prepared to address the recommendations made by HIW.

HIW have also undertaken the following inspections:
Preseli Practice – Newport Surgery on 30th July 2024 (contractor practice)

All open HIW / other body inspection actions plans are chased on a monthly basis and escalated if no progress is seen. Directorates are able to log into the live 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 3 monthly basis until conclusion.

CIW have undertaken a further unannounced visit to the Creche in Withybush General Hospital and have confirmed that the improvement actions taken have addressed their recommendations.

The remaining open actions within the Health Boards improvement plan relate to development of a statement of purpose.

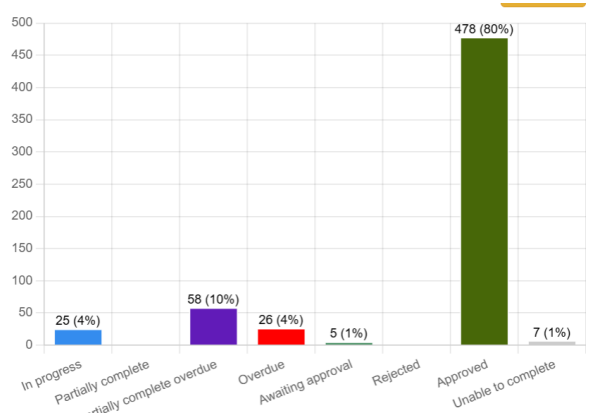
A statement of purpose / prospectus has been developed and is currently being updated following a period of consultation. The final draft will be considered in the Estates and Facilities governance meeting before formal approval is requested by the Quality Safety and Experience Committee.

The Committee is asked to **agree** that Chair's Action can be taken to approve the statement of purpose.

HIW Quality Checks/Inspections: Reviews and inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Improvement Actions relating to HIW reviews



See appendix for list of overdue actions

Source: AMAT 02/08/2024

Open HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
12	88/221 (40%)	5/17 (29%)	0	0	25	0	58	26	3	5	0	166

Completed HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
20	143/143 (100%)	4/4 (100%)	0	0	0	0	0	0	4	0	0	312

HIW Quality Checks/Inspections: Open reviews and inspections

GIG CYMRU NHS WALES
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Code	Title	Type	Date of inspection	Origin	Recommendations	Actions
Healthcare Inspectorate Wales (HIW)/2023/38	HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	New	01/08/2023	Healthcare Inspectorate Wales (HIW)	12	28
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	New	31/07/2022	Healthcare Inspectorate Wales (HIW)	19	19
Healthcare Inspectorate Wales (HIW)/2023/152	HIW DNACPR Review (Dec 2023)	New	18/12/2023	Healthcare Inspectorate Wales (HIW)	17	17
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	35
Healthcare Inspectorate Wales (HIW)/2023/29	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
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	New	31/01/2024	Healthcare Inspectorate Wales (HIW)	9	13
Healthcare Inspectorate Wales (HIW)/2022/50	HIW National Review of Patient Flow (Stroke Pathway)	New	14/03/2022	Healthcare Inspectorate Wales (HIW)	46	53
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	New	19/11/2020	Healthcare Inspectorate Wales (HIW)	32	31
Healthcare Inspectorate Wales (HIW)/2024/111	HIW Neyland and Johnson Health Centre Inspection	New	23/01/2024	Healthcare Inspectorate Wales (HIW)	18	25
Healthcare Inspectorate Wales (HIW)/2021/12	HIW St Caradog ward, Withybush Hospital	New	01/08/2021	Healthcare Inspectorate Wales (HIW)	2	3
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	24
Healthcare Inspectorate Wales (HIW)/2016/146	HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	New	01/01/2016	Healthcare Inspectorate Wales (HIW)	3	3

WalkRounds

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A programme of Patient Safety Leadership WalkRounds™ (WalkRounds) by an Independent Member and an Executive Director is in place for the year.

Walkrounds were developed in the USA in the early 2000's through the Institute of Healthcare Improvement (IHI) as a means by which to connect senior leaders with people working on the frontline. The aim was to demonstrate the strong commitment by senior managers to *a culture of patient safety* and as a result the senior leaders become better educated on the concerns of the frontline and can benefit from opening communication channels identifying and thus opportunities for improving safety.

WalkRounds are not an inspection. They are an invaluable way of:

- Demonstrating visible senior leadership in patient safety at a practical level.
- Introduce different conversations and perspectives about patient safety and other "hot" issues among colleagues, executives and managers.
- Identify opportunities for improvement and innovation.
- Encourage reporting of issues, errors and near misses.
- Facilitating Board level engagement direct with frontline teams.
- Combining a top-down and bottom-up approach to safety awareness and management.
- Gaining information and acting on safety problems and issues.

The themes within the WalkRounds were reported to the Quality Safety and Experience Committee (QSEC) in June 2024. It is proposed that the thematic analysis be undertaken on a twice-yearly basis and reported to QSEC. The next thematic report to QSEC will be December 2024

36 WalkRounds and 152 actions recorded on AMAT

3 WalkRounds have been undertaken and recorded on AMAT since 1st June 2024:

- Ceredig Ward, Bronglais General Hospital (BGH)
- Intensive Care Unit, BGH
- Tenby Cottage Hospital

Welsh Health Circulars

- This section of the report provides QSEC with progress in relation to the implementation of WHCs under its remit. The Committee is asked to gain assurance from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.
- The report details the WHCs closed since March 2024, when WHCs were last reported to QSEC.
- Assurance and Risk Team have been seeking updates from leads on these WHCs to determine the planned date for implementation by the Health Board where a specific date is not provided in the guidance itself. The following RAG status is applied to WHCs:
  - **Green**: completed,
  - **Amber**: a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer (if a timescale is not provided within the WHC),
  - **Red**: behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.
  - **External**: considered to be outside the gift of the Health Board to currently implement, for example reliant on an external organisation to implement.
- The status of 22 WHCs currently aligned to QSEC, and the movement since the previous report can be summarised as follows:
  - 9 Red WHCs;
  - 10 Amber WHCs;
  - 3 External WHC; and
  - 7 WHCs closed since the previous report
- Progress of WHCs are also reported at local governance meetings, and to the Operational Planning, Governance and Performance meetings on a monthly basis, as well as being included in the 'Improving Together' and Escalation Framework sessions.
- Attached in Appendix 2 is an update in respect of the 'amber', 'red' and 'external' WHCs that fall under the remit of QSEC. Copies of each WHC can be obtained via the Welsh Government website.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
033-18	Airborne Isolation Room Requirements	25/07/18	Interim Director of Nursing, Quality and Patient Experience	Not provided	Nursing Care	Requested as part of the Capital Programme 2024/25	Not required as at March 24
006-18	Framework of Action for Wales, 2017-2020 (*Not Available Online)*	01/02/18	Chief Operating Officer	Not provided	Scheduled Care - Audiology	No	In progress
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/22	Chief Operating Officer	Not provided	Women & Children - Community	No	No
009-21	School Entry Hearing Screening pathway	25/03/21	Chief Operating Officer	Not provided	Scheduled Care - Audiology	No	In progress
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/22	Chief Operating Officer	Jul-25	Cancer Services	No	N/A
031-23	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	22/08/23	Interim Director of Nursing, Quality and Patient Experience	Mar-24	NQPE – Infection, Prevention & Control	No	Awaiting update
030-23	New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	11/08/23	Interim Medical Director	Not provided	Medical	No	No
006-24	National Clinical Guideline for Stroke, for the UK and Ireland	21/03/24	Chief Operating Officer	Not provided	USC: WGH (Stroke)	No	In progress
024-24	Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	17/05/24	Director of Workforce & OD	TBC	Workforce & OD	TBC	TBC
029-24	Certification of Vision Impairment in Primary and Community Care	11/06/24	Director of Primary Care, Community and Long Term Care	TBC	Primary Care (Optometry)	TBC	TBC

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
033-18	Airborne Isolation Room Requirements	25/07/18	Interim Director of Nursing, Quality and Patient Experience	Not provided	Nursing	1640 - Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH	15	Funding required requested as part of the Capital Programme	Feasibility study to be conducted, the results of which will determine the requirement for a QIA

The Health Board's Architectural Projects Team are now engaged and have done an initial site survey at Glangwili General Hospital in relation to the first negative pressure isolation suite. Two options have been discussed to develop Room 5, Clinical Decisions Unit (CDU) and these now need to be subject to a more detailed design process to highlight any potential derogations from extant guidelines. There is no indication of timescale or cost at the current time, but this will be included in the detailed feasibility report. Another potential option now needs to be identified at Bronglais General Hospital, as the initial option was rejected by Clinicians.

The Health Board has been unable to respond to Welsh Government's survey of Negative Pressure Isolation Suites as no feedback has yet been received, nor has the Health Board had sight of the All-Wales report. Nevertheless, two fully compliant rooms have been declared.

There are no plans to build an isolation suite/ward in Swansea Bay University Health Board (a unit has been built at the Heath, Cardiff, although this is not currently open as there is no staffing), therefore transfer to Swansea cannot form part of the Health Board's planning process going forward.

The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 1640 on Datix as noted in the table above. Control measures in place to mitigate this risk include the upgrading of two existing negative pressure suites to conform to Negative Pressure Ventilation (NPV) recommendations on Bronglais and Glangwili estates; the installation of Bioquell pods (semi-permanent isolation pods) into the Intensive Care Units (ITU's) on all sites, increasing single room capacity in Critical Care by 50%; Rediroom availability for emergency isolation offering a degree of negative pressure; procurement of approximately 100 air purifiers across all sites to mitigate airborne risk and a respiratory pathway has been agreed in principle with the Respiratory Consultants, to allow for admission of all respiratory patients requiring negative pressure isolation to be accommodated in CDU in Glangwili General Hospital.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
006-18	Framework of Action for Wales, 2017-2020 (*Not Available Online)*	01/02/18	Chief Operating Officer	N/K	Scheduled Care - Audiology	1457 - Risk of patients not having access to Advanced Practitioner Audiologists - WHC/2018/006	12	No	In progress

An Ear Wax management service has been successfully implemented across the Health Board, led by the Director of Primary Care, Community and Long Term Care. This addresses the first element of the WHC.

The risk of non-compliance with the second element of the WHC is monitored via Risk 1457 on the Scheduled Care risk register, detailed in the table above. Control measures in place to mitigate this risk include Audiology supporting the ambulatory nurse-led wax management teams across the Health Board to provide a self-referral service and the ability of Ambulatory nurses to refer to Audiology should patients continue to report hearing/tinnitus difficulties.

Following the receipt of a GP or Advanced Nurse Practitioner referral, all new patients on a hearing assessment pathway are seen in line with referral to treatment timeframes. There has been little progress with the actions in this part of the WHC, which requires the provision of First-Point-of-Contact Audiologists in community settings. The Head of Audiology has advised that this change cannot be met as it is an additional service with a cost to providing this in the Community, rather than it being a remodelling of the existing service which Audiology provides in secondary care. The funding required is as follows:

1) First Point of Contact Audiology - Initial startup cost £206,715 in year one and £180,552 in year 2.
2) School entry hearing screening – The details of this are addressed in the corresponding WHC 009-21.
3) Co-working with the Memory Assessment service - this is an ongoing project with Audiology and the memory Assessment Service. There is an Audiology 'Cognition working group' for staff with an interest in dementia care. There is an all-Wales dementia pathway being developed. This action has not been costed but it would need to be run by a Band 6 Audiology Practitioner (£35,922 - £45,257). This action has not yet been escalated and is still at the scoping stage for service delivery.

An implementation date for completing this WHC cannot be provided until funding is confirmed. This WHC has not been included in the Directorate's annual plan for 2024/25, and a QIA is being undertaken by the Head of Audiology. This part of the WHC is aligned to Audiology in Scheduled Care (under the Director of Operations). If patients were able to access Audiology services directly in community locations, this would free up GP slots, meaning that some patients can be discharged after one appointment but that those who do need hearing aid / tinnitus / balance advice can be triaged appropriately.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/22	Chief Operating Officer	~~31/08/2023~~ Not provided	Women & Children - Community	1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service	12	No	No

The Lead Nurse for Community Paediatrics has completed a scoping exercise with School Nursing, Health Visiting and Paediatricians to collate current provision of the service and identify where there are gaps that are preventing implementation of this WHC. A further action plan based on the outcomes of this exercise is to be developed going forward.

There is no current budget/establishment for Paediatric incontinence in Hywel Dda. This is part of a wider service review of Hywel Dda Children's disability services as there is currently no children's disability provision in Pembrokeshire. An options appraisal paper is being prepared for presentation at the Women & Childrens Directorate's next Targeted Intervention meeting with the aim of finding a financially neutral way of addressing service quality and progressing this WHC.

The risk of non-compliance with this WHC is monitored via the risk as noted in the table above. Control measures in place to manage and mitigate this risk include specialist provision for children and young people (CYP) who are most vulnerable throughout the Health Board (i.e. Disability Teams), and the undertaking of clinics and assessment for CYP with nocturnal enuresis by School Nursing. The risk score remains high to reflect the potential long-term impact on any vulnerable children who do not receive the service.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
009-21	School Entry Hearing Screening pathway	25/03/21	Chief Operating Officer	~~31/12/2022~~ N/K	Scheduled Care - Audiology	1456 - Risk of sub-standard/ inconsistent School Entry Hearing Screening due to lack of staff, training and equipment -WHC/2021/009	8	No	In progress

The shift of school hearing examinations from the School Nursing service to Audiology would ensure a higher standard of hearing assessment. The capital required to make this move (and comply with the WHC) would be an initial start-up of £88,606.75 and thereafter a recurrent annual cost of £83,958.50.

The risk of non-compliance with this Welsh Health Circular is monitored via Risk 1456 as noted above. The risk score of 8 is based on the relatively low impact on patient health as they are still receiving hearing examinations, albeit via an alternative route, and school nurses are now being provided with annual training by Audiology. The Head of Audiology has confirmed that the current system is working well and that Powys and Cwm Taf Morgannwg Health Boards both use a similar system, with the service provided by School Nursing rather than Audiology.

The Director of Secondary Care advised in April 2023 that unless funding is being transferred from School Nursing, no funding will be available in the immediate future to move school hearing examinations from the School Nursing service to Audiology. The Directorate have therefore decided not to include this WHC in their annual plan for 2024/25 and a Quality Impact Assessment is to be completed.

An implementation date cannot be provided for this WHC as it is unlikely to progress. The Audiology service have proposed that the risk decision for Risk 1456 be changed to ‘Tolerate’.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/22	Chief Operating Officer	Jul-25	Cancer Services	1685 - Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs	12	No	N/A

Work continues to implement the actions in this WHC (mapping previous pathways to new pathways). There are 18 National Optimal Pathways (NOPs), 11 of which have been mapped, with 7 remaining. Reviews continue to be undertaken by the Macmillan Cancer Quality Improvement Manager, but the Wales Cancer Network Senior Project Manager and Senior Project Support Officer posts have now ceased.

To achieve compliance with this WHC, a standardised approach to NOP reviews is needed via the production of a best practice guide which ensures engagement of key clinicians/officers and consideration of patient experience (in line with the direction of the Cancer Improvement Plan), the production of service improvement plans as a result of the NOP reviews, and the provision of a clear reporting mechanism to the Cancer Delivery Board in the future.

The risk of non-compliance with this WHC is monitored via Risk 1685 as noted above. The risk action plan was updated in July 2024 to reflect the further completion of NOPs, with revised completion dates assigned to reflect the scale of each pathway. Following meetings held by the Urology Improvement Group and GI Improvement Group in June 2024, the mapping of Urology and GI pathways has now commenced.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
031-23	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	22/08/23	Interim Director of Nursing, Quality and Patient Experience	Mar-24	NQPE	1490 - Increased risk of patient harm due to escalating rates of Clostridioides difficile Infection (CDI)	8	No - not reliant on funding it is more related to practice – any funding for this would sit within the facilities space aligned to cleaning.	Awaiting update from service

The Health Board continues to work towards the goals of the UK National Action Plan 2019-2024, although it is noted that this WHC expired in March 2024. A revised WHC for Antimicrobial Resistance (AMR) & Healthcare Associated Infections (HCAI) Improvement Goals for the next 5 year National Action Plan is expected from WG, which will supersede this WHC.

The risk of non-compliance with this WHC continues to be monitored via Risk as noted above. Current control measures noted to manage and mitigate this risk include policy implementation based on current evidence base: Control & Management; Quarterly Quality Indicator Audits (QIA) e.g. hand hygiene, equipment cleaning, Symbiotics score; Antimicrobial Stewardship: CDI Ward rounds, Start Smart Then Focus; Environmental Decontamination now used across all sites for all cleaning; and CDI scrutiny meetings held on monthly basis across three acute sites and CDI ward rounds occurring weekly.

In June 2024, the risk score was reduced from 12 to 8 due to the implementation of sporocidal disinfection, thereby reducing the risk of cross infection from environmental source. The number of cases is showing signs of sustained reduction.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
030-23	New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	11/08/23	Medical Director	N/K (No date identified as reliant on further scoping and input of key services)	Medical	N/A	N/A	No	No

In the absence of a Clinical Director for Clinical Effectiveness, the Associate Medical Director has been nominated as the Health Boards organisational representative to liaise with NHS Executive regarding NatSSIPS and the action plan in development. Plans were presented to the Operational Planning, Governance and Performance meeting in June 2024.

NatSSIPS' recommendations will be captured on the Audit Management and Tracking (AMaT) system, with ‘Must Do/Should Do’ actions developed and assigned to the relevant teams. It has been recognised that Supporting Professional Activities (SPA) time and administrative support will be necessary, as well as appropriate funding. Further funding may also be required to enable subsequent implementation of the recommendations.

Oversight of the implementation of recommendations will be managed through a series of sub-groups which will report into a small and focused Steering Group, reporting through the Effective Clinical Practice Advisory Panel.

An audit/scoping exercise of current practice across the site will be carried out, reviewing major and minor procedures. An interprofessional awareness raising exercise will also be undertaken.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
006-24	National Clinical Guideline for Stroke, for the UK and Ireland	21/03/24	Chief Operating Officer	Not provided	USC: WGH (Stroke)	233 – Risk of poor patient outcome due to insufficient stroke therapy staff and lack of 7 day Consultant affecting the Health Board	12	No – Stroke Services are part of the wider Clinical Service plan	In progress

The WHC cannot be implemented until the Clinical Services Plan has been completed (Stroke Services are part of this wider plan as there is a current lack of resource, including staffing, equipment and environment). Control measures in place to mitigate this risk include active recruitment for all vacancies, Allied Health Professional leads allocate staff to ensure staffing is as equitable and safe as possible, weekly stroke review meetings to monitor progress against national stroke targets, and monthly Health Board stroke committee meetings.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
024-24	Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	17/05/24	Director of Allied Health Sciences	TBC	Therapies	N/A	N/A	TBC	TBC

The WHC has recently been assigned to the Director of Allied Health Sciences, with updates to be provided to QSEC in the next report.

WHCs which have not been implemented but are on schedule or have no compliance date stated on WHC (Amber RAG status)

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
017-19	Living with persistent pain in Wales guidance	07/05/19	Chief Operating Officer	Jan-25	Scheduled Care	No- no funding required	N/A
017-22	Wales rare diseases action plan 2022 to 2026	16/06/22	Interim Medical Director	Dec-26	Medical	No- no funding required	N/A
019-22	Non-Specialised Paediatric Orthopaedic Services	21/06/22	Chief Operating Officer	Apr-25	Scheduled Care	No- no funding required	N/A
002-24	Standards for Competency Assurance of Non-Medical Prescribers in Wales (*Not Available Online)*	04/03/24	Director of Primary Care, Community and Long Term Care	Sep-24	Medicines Management	No- no funding required	N/A
005-24	Private obesity surgery and the Welsh NHS	01/02/24	Director of Allied Health Sciences	Oct-24	Therapies	TBC	TBC
011-24	Changes to dietary advice on feeding young children aged 1-5 years	06/03/24	Director of Allied Health Sciences	Sep-24	Therapies	TBC	TBC
012-24	Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement	19/03/24	Interim Director of Nursing, Quality and Patient Experience	Jul-24	Nursing	TBC	TBC
016-24	Healthy Child Wales Programme: for school aged children	11/04/24	Chief Operating Officer	Apr-26	Women & Children	No	N/A
025-24	NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25	04/06/24	Interim Director of Nursing, Quality and Patient Experience	Mar-25	Nursing	TBC (on a case by case basis)	TBC
027-24	All Wales Critical Care Escalation Guidance for the Management of All Large Unplanned Increases in Demand	19/06/24	Chief Operating Officer	Aug-24	Acute Services	No	N/A

WHCs which are currently outside the gift of the Health Board to complete (External RAG status)

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
026-18	Phase 2 – primary care quality and delivery measures	16/07/18	Director of Primary Care, Community and Long Term Care	N/K	Primary Care	No	N/A
032-22	Further extending the use of Blueteq in secondary care	21/03/23	Director of Primary Care, Community and Long Term Care	N/K	Medicines Management	No	N/A
040-23	The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC)	09/22/23	Chief Operating Officer	N/K	Women & Childrens	No	N/A

WHCs which have been closed (implemented) since February 2024

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
028-22	More than just words Welsh language awareness course	10/11/22	Director of Communications
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/16	Chief Operating Officer
035-23	Update of Guidance on Clearance and Management of Healthcare Workers Living with a Bloodborne Virus (BBV) and a Reminder of Health Clearance for Tuberculosis	03/11/23	Director of Workforce & OD
001-23	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	04/03/23	Chief Operating Officer
038-23	Healthy Start eLearning Course	09/11/23	Director of Public Health
001-24	Changes to the way individuals who are highest risk from Covid-19 access lateral flow tests and Covid-19 treatments	10/01/24	Director of Public Health
029-24	Certification of Vision Impairment in Primary and Community Care	11/06/24	Director of Primary Care, Community and Long Term Care

Recommendations

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
- Public Services Ombudsman for Wales
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- WalkRounds
- Welsh Health Circulars

The Committee is asked to approve:

- Approve the proposal that a thematic review of WalkRounds is presented on a six-monthly basis
- Agree that Chair's Action can be taken to approve the statement of purpose for the Withybush General Hospital Creche

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

Healthcare Inspectorate Wales
Overdue Actions as at 02/08/2024

Inspection Code	Inspection Title	Recommendation	Action	Directorate	Original Due Date	Progress Status
Healthcare Inspectorate Wales (HIW)/2016/146	HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets)	(Historic HIW monitored by Assurance and Risk Team) 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.	Scheduled Care	31/03/2022	Overdue
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that women are aware of how they can request information or support in their language of choice.	• HDUHB uses Language Line and WITS for women requiring information and are unable to converse in English /Welsh. • All Wales Maternity Record prompts question regarding language requirements and need for translation services. Prospective audit of compliance commenced 01/01/21 • Antenatal Screening Wales information is available in various languages and women are signposted via electronic links • Information on Pain relief in labour is available electronically in various languages.	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that wherever possible, women are able to communicate in their language of choice.	• HDUHB uses Language Line and WITS for women requiring information and are unable to converse in English /Welsh. • All Wales Maternity Record prompts question regarding language requirements and need for translation services. Prospective audit of compliance commenced 01/01/21 • Welsh speaking staff identified on each shift	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider how water birth options can be made available across all units.	• Water birth available across all localities within HDUHB including alongside Midwifery Led Units, Freestanding Midwifery Led Units and Obstetric units. • Water births are facilitated and offered across all community midwifery settings • Water births facilities incorporated into new Phase 2 development to provide Consultant led Women with opportunities for pain relief in labour • In line with MBRRACE recommendations Water births are available for women who have experienced a baby loss. • Updated water birth guideline to be ratified on the 29/01/21 which incorporates training on emergency pool evacuation.	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Take steps to ensure that women have contact with a consistent group of healthcare professionals, to improve continuity of care.	• Continuity of care guideline has been updated in March 2021 which includes audible standards to monitor continuity of care. o Model of care – smaller community midwifery teams with named midwife o Antenatal obstetric clinics continuity o Appointment of substantive consultants across the Health Board o Participate in the All Wales work streams regarding continuity of carer o Appointed consultant midwife	Women and Children	31/08/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider the introduction of smoking cessation leads.	• Integrated community and hospital smoking cessation service established in Hywel Dda in January 2020 and referral pathways from maternity services established • Smoking cessation guideline ratified 01/12/20 • Service improvement of MDT working with Public Health o Co monitoring embedded during antenatal period o Promotion across maternity services of the existing referral process in place across HDUHB where all pregnant women assessed as smoking are automatically referred in to the smoking cessation services and wellbeing service unless they opt out o Report regularly (using the QM10 database) on numbers of referrals from maternity services into the smoking and wellbeing service o Appoint Smoking and Wellbeing Practitioners within the Health Improvement & Wellbeing Team, one of whom will have the lead for links with maternity services • To meet with HDUHB Health Improvement & Wellbeing Team in order to discuss further service improvements in relation to links between maternity services and the Smoking & Wellbeing Service	Women and Children	31/03/2022	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider working with Public Health Wales to further promote healthier living and lifestyles.	• Public Health Midwife job description formatted and awaiting approval with a vision for employing a Band 7 Public Health Midwife to address smoking cessation initiatives. • Meet with HDUHB Health Improvement & Wellbeing Team to discuss links between the Public Health Midwife and Band 6 Senior Practitioner for Smoking and Wellbeing within the Public Health Directorate to further discuss joint initiatives in improving healthier lifestyles	Women and Children	28/02/2022	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure the appropriate level of breastfeeding advice, guidance, and support is provided at all times.	• Substantive Breastfeeding coordinators across HDUHB • Baby Friendly accredited level 3 • Mandatory training for all maternity staff annually including SCBU • Breastfeeding clinics established • Monthly audits undertaken on compliance • Peer support clinics / wards established prior to COVID 19 • HDUHB initiating rates are consistently 68-70%	Women and Children	31/08/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales
Overdue Actions as at 02/08/2024

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Review the adequacy and availability of perinatal and postnatal mental health support for women.	• Led by specialist Perinatal Mental Health Team • Specialist Perinatal Health Midwife appointed 0.60 /0.2 by Ceredigion H/V sure start monies. • Tommy's Pregnancy and Post Birth Wellbeing Plan in all handheld midwifery patient notes: https://www.tommys.org/sites/default/files/2020-10/wellbeing%20plan%20-%20Feb%202020_HB_0.pdf • Referral process, and referral criteria along with duty nurse and consultation all available for Midwives Monday – Friday 09:00-17:00. • Consultation and Training on IHV Perinatal and Infant Mental Health delivered fortnightly via MS Teams over a 12 week programme offering opportunity for case discussion and management • Women currently being assessed following referral – average wait between 5-10 days, care plan drawn up, interventions offered where appropriate, all agencies involved in woman's care notified • Perinatal birth management plan also drawn up for women and posted onto WPAS for access for midwifery	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider the introduction of PRAMS across its services.	• Established Perinatal Mental Health services across HDUHB • Early Years programme-discuss with Local Authorities across the 3 counties. Projects already underway in Ceredigion and Llanelli with close integrated working. • Perinatal mental health services is currently available across the three counties, covering preconception, antenatal and post-natal period until baby is aged 12 months old in line with RPsych CCQI guidelines for women with moderate to severe mental health difficulties.	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that staff are able to access bereavement training in a timely manner.	• Incorporated into mandatory training bi-annually • Dedicated bereavement midwives • Increasing substantive bereavement Midwife hours to 1.0 from April 2021 to meet training requirements of all staff. Vacancy to be placed on TRAC March 2021 • All Midwifery coordinators trained in bereavement inclusive of post-mortem consent • Dedicated MBRRACE midwives to input data into • SCBU staff have access to bereavement training and have a dedicated neonatal outreach nurse who works collaboratively with maternity bereavement midwives	Women and Children	30/04/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider what steps can be taken to ensure that learning from women's experiences can be improved, with a particular focus on sharing what has changed in response to feedback.	•Maternity Services Liaison Committee established with a lay person as Chair. •Dedicated Bumps face book page to provide feedback as and when required •Facilitated by Patient Experience Midwife coordinates for Health Board •Themes and trends of women's experiences identified through postnatal record audit, How we are doing audit •Feedback from complaints and concerns •Information shared with MDT team via women's experiences via Risk Newsletter, Antenatal Postnatal Forum and Labour ward forum. •Women who have experienced a baby loss are engaged in a forum to take bereavement services forward within HDUHB •Development of a monthly newsletter for women and their families who have used the services •Development of a patient PREMS to obtain women's experience of aspects of maternity services e.g. latent phase of labour, elective caesarean section.	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider strengthening arrangements for sharing patient stories at board and quality and safety committees.	•Maternity patients stories are shared with the Executive Board bi-annually •Patients stories shared at Quality and Safety meeting both at Directorate and Board levels on a regular basis	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure the ongoing monitoring in line with health board policy of neonatal resuscitaires and emergency medical equipment.	•Daily checks undertaken of all neonatal equipment •Monthly ward assurance audits facilitated in each clinical area and overseen by Operational Leads for each clinical area •Assurance audits shared and monitored via the Directorate Quality and Safety Forum	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure staff awareness of procedures and responsibilities to follow in the event of a medical emergency.	•PROMPT training integral part of MDT mandatory training and data transparent at All Wales Level. •All guidelines for obstetric emergencies are in all clinical areas •All Obstetric emergencies are incorporated into Datix reporting system and reviewed accordingly •All updated guidelines shared via Clinical Risk Newsletter which is forwarded to the MDT team •Summary of clinical risk cases shared at the monthly Labour Ward Forum	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure staff awareness of procedures and responsibilities to maintain the safety of the women using water birthing facilities.	•Updated water birth guideline to be ratified on the 29/01/21 which incorporates training on emergency pool evacuation. •Checklist for all women requesting home water birth •Risk assessment proforma •Leadership from Consultant midwife regarding use of water for labour •Training incorporated into community PROMPT •Operational Lead and Band 7 Midwife to support women requesting water birth •Auditable standard incorporated into water birth guideline	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that a clutter free and safe environment is maintained across units.	•Monthly assurance audits established •Band 7 co-ordinators and ward managers undertake weekly walk-arounds to identify and manage any clutter issues •Phase 2 development ongoing with significant building work. Proposed completion July 2021	Women and Children	31/07/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure adequate infection control measures are in place, and adhered to.	•Monthly assurance audits •Hand washing audits •Cleaning for Credits (C4C) audits •HDUHB Infection Control Audits •Annual Fundamentals of Care Audits •All Wales SSI audit	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure the safe storage of COSHH substances at all times.	•HDUHB Policy in place •Assurance audits undertaken monthly •Locks on all cleaning cupboards •Phase 2 new labour ward has facilities for appropriate storage	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that staff are aware of their responsibilities in relation to the safe storage of medication.	•Medicine Management incorporated into preceptorship and Induction policy •HDUHB Medicine management policy in place •Annual Medicine management audits undertaken •Medication incidents reported and reviewed via DATIX reporting mechanism •Monthly assurance audits in place •All breaches discussed at HDUHB MERG quarterly meetings	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that the prescription and administration of medication for the induction of labour is done in line with health board policy.	•Induction of Labour has been updated 01/12/20 in line with NICE Guidelines •Audited as part of monthly assurance audits •Any breaches reported via DATIX reporting mechanism •Induction of labour information leaflet reviewed and updated	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure women have access to Female Genital Mutilation clinics.	•All staff have annual mandatory training re FGM •Datix reportable incident which includes Safeguarding involvement •Women referred to specialists clinic in Cardiff •Page 7 on the All Wales Handheld record requests information at Booking	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure learning and service improvement actions are implemented following incidents, concerns of audit, is effectively shared with staff across all sites.	•Monthly Labour Ward forum •Bi monthly antenatal postnatal forum •Table top learning events •Clinical Risk Newsletter •Themes and trends monitored via Clinical Supervisor for Midwives database •Clinical Supervisor for midwives newsletter implemented to highlight themes and trends with noticeable good practice	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that steps are taken to encourage staff to speak up and report incidents without fear of reprisal or repercussion.	•Incorporated in every Maternity Risk Newsletter •Embedded into HDUHB Values •Incorporated into Induction policy •HDUHB Whistleblowing Policy •Embedded into Clinical Supervision for Midwives •Executive culture encourages staff to raise and escalate concerns •24/7 manager on call for directorate to encourage escalation and support all staff disciplines	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure the timely implementation of a single maternity dashboard across Wales.	•HDUHB Maternity services populates a monthly dashboard which is presented monthly at Directorate Quality and Safety Meeting and is shared at Executive Board. •HDUHB is part of the All Wales collaboration to develop a unified All Wales national dashboard Welsh Government Action	Women and Children	31/08/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that policies and procedures are updated, ensuring staff are aware of updates to maintain the delivery of safe and effective care.	•5 weekly MDT guideline meeting held to review and update all policies •All updated guidelines are shared via Maternity Risk Newsletter •All guidelines available via WISDOM and intranet. •Flow chart to access guidelines via a PC circulated to all staff and incorporated into induction programmes •HDUHB MDT representation at the All Wales Neonatal and Maternity guideline group	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider the implementation of champion midwives to support further innovation and research.	•Job description formatted for a Research Midwife awaiting approval as gap has been identified. Appointment of research and Audit Midwife June 2021 •Consultant Midwife in post and job description incorporates research component and innovation	Women and Children	30/06/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider the introduction of live stream CTG monitoring in all units.	•New Phase 2 development proposed to be open in late spring 2021 will have this facility and allow consultant obstetrician to review remotely when on call. In addition this facility allows external access to Bronglais and Withybush General Hospitals providing additional clinical advice and support.	Women and Children	31/07/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that staff have timely access to the training that is required for them to carry out their roles effectively.	•Annual Mandatory training for all maternity staff •Annual PROMPT training for all maternity staff. Highlighted need for anaesthetists to be more engaged and compliant being monitored during 2021 •Annual Community PROMPT for community midwifery staff •Annual Skills training for all maternity staff •Weekly CTG training facilitated to ensure all midwives / obstetricians achieve the All Wales Intrapartum standards •Bi annual CTG Masterclass facilitated •Training Needs analysis conducted on all staffing the Health Board or returning from maternity leave / leave of absence etc •Training portfolio issues annually illustrating annual requirements to ensure compliance •Midwives who undertake New-born examinations attend an annual update •Bronglais General hospital staff have a dedicated bespoke training day to ensure neonatal skills maintained as no SCBU provision available •Honorary contract with singleton Level 3 NICU to address neonatal training needs for staff working at Bronglais General Hospital.	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Review their workforce plans to ensure appropriate actions are being taken to address the impact of staff working excessive hours, and any shortfall across staff groups.	•Birth place evaluation undertaken in 2020 •Actively recruit to maintain Birth Rate plus •Rosters reviewed weekly by Operational Leads •Have an integral Midwifery Bank •Any shortfall in staff is DATIX reported •All maternity staff availability is update on the score card. •Staffing is reviewed as part of the annual Fundamental of Care Audit •COVID 19 pandemic has resulted in staff shielding this has been addressed with availability of staff bank to support service •Locum consultants now appointed into substantive roles	Women and Children	31/08/2021	Partially complete (Overdue)

Healthcare Inspectorate Wales
Overdue Actions as at 02/08/2024

Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Consider implementation of positive initiatives to recognise the good work carried out by staff within the midwifery and medical teams.	• Compliments forwarded to staff and collected as part of revalidation • CSFM collate data and acknowledge good practice • Positive initiatives shared via HDUHB intranet and via staff meetings • Implemented Caring for You imitative within three localities • HDUHB has wellbeing services advertised to support staff • RCM caring for you campaign implemented	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	Ensure that a high standard of documentation is maintained, in particular ensuring that the standard of patient records is improved.	• Record keeping audits undertaken by CSFM • Maternity records reviewed and reformatted to capture national initiatives • Annual audit of antenatal and postnatal records • Monthly audits as part of assurance audits • Standards of record keeping monitored via DATIX monitoring system and any areas identified are monitored via CSFM	Women and Children	31/08/2021	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2021/12	HIW St Caradog ward, Withybush Hospital	The Health Board should ensure that all issues identified in the fire safety report and the point of ligature risk assessment are resolved in a timely way. The Health Board must submit an updated action plan / progress report to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety.	Point of Ligature, Major works to be completed. Plans currently out to tender. Construction Phase 1 on target to be commenced 15/11/21. Phase 2+3 to be commenced 03/01/22, completion expected April 2022.	Estates, Facilities and Capital Management	31/10/2022	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	Work must be undertaken to improve the appearance of the garden.	Estates will review the garden and identify work plan to improve appearance	Estates, Facilities and Capital Management	01/03/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	Appropriate and safe curtains are placed in patient bedrooms	Estates to review environment in bedrooms and identify work plan to replace curtains	Mental Health and Learning Disabilities	30/06/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	Invest in appropriate observation mirrors to enable staff to see concealed areas in section 136 suite	Estates to review environment and work plan formulated to ensure appropriate observation mirrors are in use	Mental Health and Learning Disabilities	30/06/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	Carpets need replacing with proper flooring to prevent hazards and risks of infection The flooring in the main patient area was marked, worn, and damaged which could be an infection hazard	Estates work to be carried out and regular maintenance of flooring and surroundings to be arranged.	Mental Health and Learning Disabilities	31/03/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	A designated office space is made available on the ward for Dr and medical staff	Senior Nurse and Ward Manager have identified area. Estates work required to modify area	Mental Health and Learning Disabilities	31/03/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/19	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	A process has been introduced whereby the Lead Radiographer coordinates all written documentation to ensure no conflict with the employers written procedures	Radiology	30/04/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/19	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	To source a document control system.	Radiology	30/09/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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.	a) Development of standards for physical health screening to be incorporated into Service Specifications.	Mental Health and Learning Disabilities	29/09/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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.	b) 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	Overdue

Healthcare Inspectorate Wales (HIW)/2023/29	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 when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	c) Review of WARRN training provision and monitoring of uptake to inform longer term, sustainable approach and ability to provide targeted practice development in response to lessons learnt from SI's.	Mental Health and Learning Disabilities	29/09/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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 carers assessments are routinely offered and where required, undertaken for relevant individuals, in line with The Mental Health Act 1983 Code of Practice.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 the inpatient ward round structure and arrangements in place allow for sufficient time for patients to be adequately discussed.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 all relevant staff complete training for timely and effective communication and information sharing relating to the patient discharge process.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 adequate administrative support is available within inpatient mental health units.	i) Full roll out of Band 4 Admin roles to ensure consistent cover across all wards.	Mental Health and Learning Disabilities	30/09/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	l) 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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	n) Review the health boards safe staffing escalation process to ensure this is fully reflective of processes across the MH/LD directorate.	Mental Health and Learning Disabilities	31/07/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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 take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	r) Review application of MH safe staffing principles and version 3 of All Wales Staffing Levels for use across community teams.	Mental Health and Learning Disabilities	30/09/2023	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	y) Training of relevant staff to be provided in order to utilise Audit and Management and Tracking (AMaT) once clinical audit programme has been agreed	Mental Health and Learning Disabilities	31/12/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	z) Update reports on progress of the clinical audit programme to be provided to MHLD QSEG in order to provide oversight on outcomes.	Mental Health and Learning Disabilities	31/03/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 arrangements are in place to routinely review and update mental health policies and procedures, which includes sharing any updated documents with all staff across the mental health services as a whole.	aa) Strategic review of forward plan for written control documents across MH/LD services for 2023/24 to identify co dependencies and establish integrated planning and development for documents that span pathways and services.	Mental Health and Learning Disabilities	30/09/2023	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2023/29	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 risk registers are routinely reviewed, and that consideration is given to risk identification and risk management processes. This must include assuring itself that key staff are adequately trained in identifying risks and their management.	cc) The MH/LD Directorate to hold a "risk workshop" in order to review and challenge where necessary the existing risks on the risk register to ensure mitigating actions, milestones and expected outcomes are clearly articulated.	Mental Health and Learning Disabilities	31/07/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29	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 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.	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. Identity 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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29	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 any staff who report incidents via Datix are provided with feedback, including any actions taken and learning identified.	ee) Amend the service line reporting template for MH/LD Quality, Safety and Experience Group to include service line data in relation to incident management process to strengthen consistency of reporting, oversight and monitoring of compliance with Datix incident management and feedback process.	Mental Health and Learning Disabilities	31/07/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/38	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	Audit compliance with the use of and documentation of care plans that evidence women having access to the information to make informed decisions/choices	Women and Children	31/01/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/38	HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	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	An Excel spreadsheet has been developed to support tracking of medical compliance with mandatory training	Women and Children	31/01/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/38	HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	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	Monitoring will sit with the Directorate Quality, Safety and Experience Meeting which meets on a monthly basis.	Women and Children	31/01/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	Risk to be added to Service Risk Register to reflect alarm 'blind spot' in specific area of St Caradog Ward to detail mitigations and actions to track resolution of risk	Mental Health and Learning Disabilities	31/12/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	Staff engagement / training session to be held with ward teams at St Caradog and St Non wards with Security Advisor to revisit security process and practices.	Mental Health and Learning Disabilities	31/12/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that work is undertaken to improve the appearance and safety of the outdoor areas for patients to use	Estates have attended site and have addressed a number of these concerns. There is a new grounds and gardens contract in place (commencing in early 24) with regular site visits planned to keep the level of grounds maintenance to an acceptable standard.	Estates, Facilities and Capital Management	29/02/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that oxygen cylinders and COSHH equipment is always stored correctly	COSHH equipment and oxygen cylinders were removed and stored appropriately	Mental Health and Learning Disabilities	29/11/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that mandatory compliance rates are improved. Staff completion rates of Immediate Life Support and mandatory training on both wards must be improved	To ensure mandatory training compliance is encouraged and monitored at a ward, service and directorate level.	Mental Health and Learning Disabilities	31/01/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must review staffing levels to ensure they meet the demands of the patient group.	Inpatient establishment review work in progress in partnership with Head of Nursing for Professional Standards and Regulation and Inpatient Senior Nurses. Meetings to be held with ward managers to provide updates on this work for cascade to wider team members.	Mental Health and Learning Disabilities	31/01/2024	Partially complete (Overdue)

Healthcare Inspectorate Wales
Overdue Actions as at 02/08/2024

Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	During a review of one patient record it was unclear if the current bed was meeting the needs of the patient. The health board must review this patient and ensure consideration is given to a new bed being provided for this patient	To ensure the Occupational Therapy Assessment is undertaken and documented within clinical record on 16th October 2023. A review to revisit needs to be undertaken.	Therapies and Healthscience	15/12/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	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.	Estates improvements and decoration is currently underway on St Caradog Ward. Temporary signage to be put in place	Estates, Facilities and Capital Management	31/12/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2023/69	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.	Handrails are in place in courtyard and corridors on st Non Ward. Review of handrail needs in bedrooms and bathrooms and how these can be addressed using anti ligature handrail products to be undertaken	Estates, Facilities and Capital Management	31/01/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	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	To undertake a Directorate wide audit of Rapid Tranquilisation against standards for physical health monitoring within the Health Boards Rapid Tranquilisation Policy.	Mental Health and Learning Disabilities	31/03/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board should review and discuss these implications with staff from all areas and try and establish a service level agreement between the Accident and Emergency department and St Non's and St Caradog to try and minimise the staffing issues and distress caused to patients who experience significant delays.	The Interim Senior Nurse for Liaison has already started working with Head of Nursing at Withybush Hospital to develop pathways for Mental Health Inpatients accessing the Accident and Emergency Department. This includes protocols where MHLD inpatient medics have prior contact with the DGH to discuss the patient's presentation and accident and emergency contacting the ward to escort the patient to the department when a practitioner is available to see them, this avoids long waiting times in waiting rooms. A Substantive Senior Nurse for Liaison has been recruited and is due to commence in post in January 2024. They will lead on formally developing and agreeing protocols and procedures with DGHs.	Mental Health and Learning Disabilities	30/04/2024	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2024/111	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	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	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2024/111	HIW Neyland and Johnson Health Centre Inspection	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.	•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	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2024/111	HIW Neyland and Johnson Health Centre Inspection	The health board needs to ensure that all staff at the practice understand the full implications of the duty of candour.	Ensure all staff know and understand how the Duty of Candour standards apply to their role.	Primary Care	31/05/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	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.	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.	Unscheduled Care WGH	31/05/2024	Overdue

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / IR - behind schedule / on schedule / Completed	Assurance reporting	Progress update	Lead Service / Directorate	UHB implementation date	Datix risk reference and title	Additional resources required	Capital required?	Will the WHC be taken forward as part of the 2024/25 annual plan? (If this WHC will NOT be taken forward as part of the 2024/25 annual plan, the quality impacts needs to be understood, and the associated risks assessed or re-assessed)	Quality Impact Assessment (QIA) to be undertaken	Date QIA undertaken
006-18	2018	Framework of Action for Wales, 2017-2020	Not available online	01/02/2018	Action	Policy	Integrated framework of care and support for people who are deaf or living with hearing loss.	Director of Operations	Caroline Lewis	2020	Not provided	Ongoing	Red	QSEC	22/04/2024 - An Ear Wax management service has been successfully implemented across the health board, led by the Director of Primary Care, Community and Long Term Care. This addresses the first part of this WHC. The risk of non-compliance with the 2nd part of this Welsh Health Circular is monitored via Risk 1457 on the Scheduled Care risk register - 'Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist -WHC/2018/006' (Current risk score 12). An implementation date for completing this WHC cannot be provided until funding is confirmed. This WHC has not been included in the Directorate's annual plan and a QIA is being undertaken, as requested by the Quality Safety and Experience Committee (QSEC). There has been little progress with the 2nd part of the WHC, which requires the provision of First-Point-of-Contact Audiologists in community settings. This part of the WHC is aligned to Audiology in Scheduled Care, (under the Director of Operations). If patients were able to access Audiology services directly in community locations, this would free up GP slots, meaning that some patients can be discharged after one appointment but that those who do need hearing aid / tinnitus / balance advice can be triaged appropriately. The Head of Audiology has advised that this change cannot be met as it is an additional service with a cost to providing this in the Community, rather than it being a remodelling of the existing service which Audiology provides in secondary care. The funding required has been outlined as thus: 1) First Point of Contact Audiology - Initial startup cost £206,715 in year one and £180,552 in year 2. 2) School entry hearing screening – The details of this are addressed in WHC 009-21. 3) Co-working with the Memory Assessment service - this is an ongoing project with Audiology and the memory Assessment Service. There is an Audiology 'Cognition working group' for staff with an interest in dementia care. There is an all-Wales dementia pathway being developed. This action has not been costed but it would need to be run by a Band 6 Audiology Practitioner (£35,922 - £45,257). This action has not yet been escalated and is still at the scoping stage for service delivery.	Scheduled Care	Not provided	1457 - Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist -WHC/2018/006 (Current risk score 12)	Funding	Yes	No	Yes	In progress
026-18	2018	Phase 2 – primary care quality and delivery measures	https://gov.wales/primary-care-quality-and-delivery-measures-whc2018026	16/07/2018	Action/Information	Performance/Delivery	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Ongoing	Not provided	Ongoing	External	QSEC	Assistant Director of Primary Care (ADPC) 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. National work was suspended due to COVID-19. ADPC confirmed the position remains unchanged in that there has been no progress nationally on the implementation of the Phase 2 measures. ADPC also confirmed there is no risk associated with this WHC. WHC changed from 'red' to 'external' RAG status as it is reliant on national work and cannot be progressed without national developments.	Primary Care, Community and Long Term Care	N/K- reliant on progress of national work	No risk associated with this WHC	No	No	No		
033-18	2018	Airborne Isolation Room Requirements	Airborne Isolation Room Requirements	25/07/2018	Compliance	Quality and Safety	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Jul-19	Not provided	Not provided	Red	QSEC	This WHC requires that Negative Pressure Ventilation (NPV) suites should be sited on each hospital with a 24 hours Emergency Department (ED). There are two existing negative pressure suites within the UHB that have been upgraded to conform to NPV recommendations on Bronglais (CDU) and Glangwili (ITU) estates, however it is expected that the NPV suites should be cited within admission units. The proposal for compliance is for an agreed respiratory pathway for the UHB to be sited in CDU GGH with full NPV suite, this needs to be accepted by WG as it does not fully align to the WHC requirements. Once accepted, the capital investment is to be explored. In September 2023 QSEC received an update on the Welsh Health Circular: Airborne Isolation Facilities Update who noted that despite the requirements of the WHC that was received in 2019 requiring significant capital investment from Welsh Government, creating a Negative Pressure Suite (NPS) pathway within GGH and BGH has been identified as a priority. A potential location has been identified in GGH within the Clinical Decisions Unit (CDU) and agreed in principle by senior clinicians, the Infection Prevention Control team and the Estates Department. The Committee noted that that the Ventilation Safety Group (VSG) will consider the proposal at their meeting in more detail and discuss how to progress to a feasibility survey and business case. In January 2024, WG advised that a re-audit will be undertaken by NWSSP-SES and that next steps will follow. In March 2024, the Assurance & Risk Team were advised that a request was submitted to the Health Board's Discretionary Capital Team for approval for a feasibility study for the first facility to be undertaken as soon as possible, and this has been agreed and signed off by the Glangwili General Hospital triumvirate team (as per Health Board policy). The annual all Wales survey of Health Board facilities and compliance with the Welsh Health Circular has recently been undertaken by NWSSP – Specialist Engineering Services and their feedback/report is awaited. Head of Capital Planning has the request for the first facility to be developed in Glangwili General Hospital and it features within the top 20 priorities, however, an accurate estimation of cost cannot be determined until the feasibility study has been completed. The Consultant Practitioner Infection Prevention has advised (April 2024) of the following developments regarding the first negative pressure isolation suite, to be sited at GGH, CDU: • The Health Board's Architectural Projects Team are now engaged and have done an initial site survey. • Two options have been discussed to develop room 5, CDU and now need to be subject to a more detailed design process to highlight any potential derogations from extant guidelines. • No indication of timescale or cost yet, but will be included in the detailed feasibility report. • Now need to identify another potential option at Bronglais General Hospital, as initial option rejected by Clinicians.	Nursing	Not provided	1640-Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH - Current Score 15	Capital Investment to be explored following proposal accepted by Welsh Government.	Yes	No - funding requested via DCP	Not at present - dependant on outcome of feasibility study yet to be undertaken.	
017-19	2019	Living with persistent pain in Wales guidance	welsh-health-circular-living-with-persistent-pain-in-wales-guidance.pdf (gov.wales)	07/05/2019	Information/Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Operations	Lydia Davies	Apr-22	Not provided	Not provided	Amber	QSEC	27/11/2023 - A service review day was held in June 2023. Some workstreams were identified to continue to work towards meeting the WHC requirements and national guidelines in the medical pathway with initial work now underway. Implementation is likely to be staggered as each workstream comes to fruition e.g referral criteria, adherence to clinical guidelines, New and Follow Up pathway validation in line with new evidence and guidelines etc. Welsh Government (WG) relaunched these guidelines in September 2023 and the Health Board's clinical lead attended and presented at this event. The presentation on the developed ePMP (self-directed Pain Management Programme developed by Health Board leads in conjunction with OSP Healthcare digital health) was well received and much interest expressed to be able to utilise this digital programme as part of a national digital health plan. The Health Board's Director of Research, Innovation and Value and Deputy Head of Innovation & TriTech are involved in looking at the options available to utilise this programme clinically within the Health Board and wider afield. This aligns well with the Living with Persistent Pain Document (LWPP), advocating earlier and more accessible support for people living with persistent pain. The WG National Pain Leads have also set up an Operational Pain Service group, with Health Board leads attending. This group will be looking at increasing equity and consistency of Pain Service delivery across Wales, starting with the referral criteria. Part of this work is being looked at in detail via the EQIiP project to improve quality of referrals into the service and encourage more effective Pain Management work in Primary and Community Care. The British Pain Scoeity (BPS) service have two commissioned services in Primary Care clusters (North Ceredigion and Amman Gwendraeth) until 31 March 2025. Again, this is fully in line with the LWPP guidance and is evidencing the need to have pain clinicians based in Primary Care.	Scheduled Care	Jan-25	No Risk	Not known	No	TBC	TBC	

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009-21	2021	School Entry Hearing Screening pathway	https://gov.wales/sites/default/files/publications/2021-04/school-entry-hearing-screening-pathway_0.pdf	25/03/2021	Action	Policy	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.	Director of Operations	Jane Deans	Sep-22	Health Boards	Immediately	Red	QSEC	19/04/2024 - The shift of school hearing examinations from the School Nursing service to Audiology would ensure a higher standard of hearing assessment. The capital required to make this move (and comply with the WHC) was outlined in an SBAR presented by the Head of Audiology at Operational Quality and Safety Experience Sub Committee in March 2023. The initial start-up = £88,606.75 and thereafter a recurrent cost of £83,958.50. The risk of non-compliance with this Welsh Health Circular is monitored via Risk 1456 on Datix - Risk of sub-standard/inconsistent School Entry Hearing Screening due to lack of staff, training and equipment -WHC/2021/009 (Current risk score 8). The risk score of 8 is based on the relatively low impact on patient health as they are still receiving hearing examinations, albeit via an alternative route, and school nurses are now being provided with annual training by Audiology. The Head of Audiology has confirmed that the current system is working well and that Powys and Cwm Taf Health Boards both use a similar system, with the service provided by School Nursing rather than Audiology. The Director of Secondary Care advised in April 2023 that unless funding is being transferred from School Nursing, no funding will be available in the immediate future to move school hearing examinations from the School Nursing service to Audiology. The Directorate have therefore decided not to include this WHC in their annual plan for 2024/25 and a Quality Impact Assessment is to be completed as requested by the Quality Safety & Experience Committee (QSEC). An implementation date cannot be provided for this WHC as it is unlikely to progress. The Audiology service have proposed that the risk decision for Risk 1456 be changed to 'Tolerate'.	Scheduled Care	~~Dec-22~~ N/K	1456 - Risk of sub-standard/inconsistent School Entry Hearing Screening due to lack of staff, training and equipment -WHC/2021/009 (Current risk score 8)	Funding	Yes	No	Yes	In progress
004-22	2022	Guidance for the provision of continence containment products for children and young people: a consensus document	guidance-for-the-care-of-children-and-young-people-with-continence-problems.pdf (gov.wales)	21/10/2022	Action	Quality and Safety	Consensus guidance document regarding the provision of continence containment products to children and young people, to ensure all children and young people who have not toilet trained, or have urinary or faecal incontinence, undergo a comprehensive assessment and have access to an equitable service	Director of Operations	Tracey Humble	Aug-25	LHB Directors of Nursing	31/10/2022	Red	QSEC	18/07/2024 - Risk 1615 (Risk of CYP with continence problems not receiving containment products or service required due to lack of cohesive service) reflects current progress within the service, with a Patient Safety Domain assigned to reflect potential long-term affects on patients. The Lead Nurse for Community Paediatrics has undertaken a scoping exercise with School Nursing, Health Visiting and Paediatricians to collate current provision of the service and identify where there are gaps that are preventing closure of this WHC. A further Action Plan based on the outcomes of this exercise is to be developed going forward. There is no current budget/establishment for Paediatric incontinence in Hywel Dda. This is part of a wider service review of Hywel Dda childrens disability services as there are currently no childrens disability provision in Pembrokeshire. The service with be completing a Quality Impact Assessment for this WHC as per the request from QSEC. An options appraisal paper is being prepared for presentation at the August 2024 Women & Childrens Directorate Quality Safety and Experience meeting to consider other potential sources of funding to progress this WHC.	Women and Children's Services	~~Jul-23~~ ~~Aug-23~~ ~~Apr-24~~ ~~May-24~~ ~~July-24~~ N/K (Awaiting outcome of Options paper)	1615 - Risk of CYP with continence problems not receiving containment products or service required due to lack of cohesive service (Current score 12)	Finance	Yes	No	Yes	
017-22	2022	Wales rare diseases action plan 2022 to 2026	https://gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022%E2%80%932026-whc-2022-017_3.pdf	16/06/2022	Action/Information	Policy	To work with Welsh Health Specialised Services Committee (WHSSC), Rare Disease Implementation Group (RDIG), third sector and other relevant organisations to facilitate and implement the priorities and actions outlined in the Wales Rare Disease Action Plan.	Medical Director	Debora Harry	Dec-26	All Health Boards, HEIW, WHSSC	Ongoing	Amber	QSEC	07/03/2024 - The Lead Nurse Professional Standards & Assurance was appointed as the new Clinical representative at the Rare Diseases Implementation Group in June 2023 following the departure of the original clinicain who was leading this WHC. The Rare Diseases Implementation Team have advised that the Health Board assign a Strategic representative; this post is currently held by the Head of Effective Clinical Practice and Quality Improvement. These two individuals currently represent the Health Board at the Rare Diseases Implementation Group which meets quarterly, with the last meeting taking place on 21st February 2024, and ensure that any actions required are considered locally. A revised version of the Wales Rare Diseases Action Plan 2022 – 2026 was shared at the October 2023 meeting. Recent activity has included proactively sharing information from the Rare Diseases Implemetation Group within the Health Board, such as including information about Rare Diseases Day on the Health Board's Global Email. There are currently no assigned actions for the Health Board to implement. Work around this WHC will remain ogoing until the noted completion date of 2026 or until superseded by new guidance.	Medical	31/12/2026	N/A	No	No	No	N/A	
019-22	2022	Non Specialised Paediatric Orthopaedic Services	https://gov.wales/sites/default/files/publications/2022-07/non-specialised-paediatric-orthopaedic-services.pdf	21/06/2022	Action	Quality and Safety / Information Governance / Performance / Delivery / Public Health / Policy	To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.	Director of Operations	Lydia Davies	01/04/25	All health boards	01/04/2025	Amber	QSEC	13/05/2024 - The service are awaiting further feedback and information from JCC (Joint Commissioning Committee). The Scheduled Care aspect of this WHC has been addressed. There are some actions remaining for Primary Care.	Scheduled Care	Apr-25	No Risk	Not known	No	TBC	TBC	
021-22	2022	National Optimal Pathways for Cancer (2022 update)	https://gov.wales/sites/default/files/publications/2022-07/national-optimal-pathways-for-cancer-2022-update.pdf	28/07/2022	Action	Quality and Safety	Setting out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer.	Director of Operations	Debra Benett	N/A	Local Health Boards NHS Trusts All Health Boards	30/09/2022	Red	QSEC	09/07/2024 - 11 of the 18 National Optimal Pathways (NOPs) have now been completed, with work progressing to map over and implement changes in the 7 remaining. Reviews are undertaken by the Macmillan Cancer Quality Improvement Manager (Wales Cancer Network Senior Project Manager and Senior Project Support Officer posts have now ceased). To achieve compliance with this WHC, a standardised approach to NOP reviews is needed via the production of a best practice guide which ensures engagement of key clinicians/officers and consideration of patient experience (in line with the direction of the Cancer Improvement Plan), the production of service improvement plans as a result of the NOP reviews, and the provision of a clear reporting mechanism to the Cancer Improvement Board in the future. A review of the diagnostic requirement to meet the 7-day turnaround target in NOPs has been undertaken. The review initially considered the total funding requirement to enable the diagnostic turnaround 100% (£6.45m) and then progressed to consider "deliverability" with an annual cost requirement of £2.85m. This document is currently being reviewed by the Health Board's Improving Quality Together mechanism. The risk of non-compliance with this WHC is monitored via Risk 1685 on Datix, "Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs". The risk was updated in July 2024 and the remaining 7 NOPs are outlined in the action plan section with completion dates to reflect the scale of each pathway. Urology Improvement Group and GI Improvement Group met in June 2024 and mapping of Urology and GI pathways have now commenced.	Cancer Services	~~31/08/2023~~ ~~28/02/2024~~ ~~Jun-24~~ Jul-25	1685 - Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs. Current risk score 12	Mapping of pathways is not dependent on funding however implementation in the future may require potential funding.	No	Yes - For specific pathways	No	

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032-22	2022	Further extending the use of Blueteq in secondary care	https://www.gov.wales/sites/default/files/publications/2023-03/further-extending-the-use-of-blueteq-in-secondary-care.pdf	21/03/2023	Action	Health Professional Letter	Guidance regarding the Implementation of the high-cost drugs reporting system.	Director of Primary Care, Community and Long Term Care	Chris Brown	Apr-24	Medical Directors, Finance Directors, Chief Pharmacists, Local Health Boards and NHS Trusts	01/04/2023	External	QSEC	10/05/2024 - Implementation will be staged and in accordance with priorities set out by the national steering group. The national roll out of Blueteq, a high-cost drugs reporting system, will be managed by the All Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of WG. The Health Board has representation on the Blueteq Steering Group with national drug approval templates being developed on a Once for Wales approach. As at March 2024 the Lead Clinical Development Pharmacist confirmed that there is a delay in implementation due to Information Governance issues with Cardiff and Vale University Health Board affecting work nationally taking place. Discussions continuing nationally to resolve and progress with implementation.	Medicines Manager	~~Apr-24~~ N/K	N/A	No - Blueteq is procured by Welsh Health Specialised Services Committee (WHSSC)	No	No	No	
030-23	2023	New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	https://www.gov.wales/sites/default/files/publications/2023-08/new-2023-national-safety-standards-for-invasive-procedures-natssips2-by-the-centre-for-perioperative-care-cpoc-and-patient-safety-notice-psn.pdf	11/08/2023	Action	Quality & Safety	Organisations are expected to act on NatSSIPs2 and ensure that the actions specified in PSN034 are applied accordingly.	Medical Director	Lisa Davies	N/A	Local health boards and NHS trusts, primary care providers.	Immediate	Red	QSEC	11/07/2024 - The Medical Directorate are developing an action plan in response to National Safety Standards for Invasive Procedures (NatSSIPs 2). An initial Steering Group meeting took place on 31 January 2024, with an agreement reached to capture the NatSSIP's recommendation on the Audit Management and Tracking (AMaT) system and to develop 'Must Do/Should Do' actions which will then be assigned to the relevant teams. It has been recognised that Supporting professional activities (SPA) time and administrative support will be necessary, as well as appropriate funding. Further funding may also be required to enable subsequent implementation of the recommendations. Oversight of the implementation of recommendations will be managed through a series of sub-groups which will report into the Steering Group. The Steering Group will therefore remain small and focused, with a limited number of members but which will include the Chairs of the sub-groups representing and reporting in. It was proposed that the Steering Group reports through the Effective Clinical Practice Advisory Panel. An audit/scoping exercise of current practice across the site will be carried out, reviewing major and minor procedures. An interprofessional awareness raising exercise will also be undertaken In April 2024, the Head of Effective Clinical Practice & Quality Improvement confirmed that in the absence of a Clinical Director for Clinical Effectiveness, Dr Subhamay Ghosh, Associate Medical Director has been nominated as the Health Boards organisational representative for NHS Executive to liaise with, regarding NatSSIPS and next steps. Discussions at the most recent steering group meeting explored how progress may be continued. A meeting also took place with Scheduled care, specifically Theatres, who have given some assurance that they have done a reasonable amount of work already, with an aim to map out remaining areas affected. In June 2024 the plans were presented to the Operational Planning and Delivery Group (OPDG) for organisational oversight and input on how to progress with relevant services outside of the Theatre setting.	Medical	N/K (No date identified as reliant on further scoping and input of key services)	N/A	08/04/2024 - further scoping is required to see if funding is needed	No	No	No	
031-23	2023	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	https://www.gov.wales/sites/default/files/publications/2023-08/amr-hcai-improvement-goals-for-2023-24.pdf	22/08/2023	Action/Information	Quality and Safety	What we expect health boards and trusts to do to reduce healthcare associated infections and antimicrobial resistance.	Director of Nursing, Quality and Patient Experience	Frances Howells	Mar-24	Health Boards/Trusts: Chief Executives Medical Directors Nurse Executive Directors Infection Control Doctors & Nurses	Immediately	Red	QSEC	The WHC goals for Healthcare Associated Infection (HCAI) are unchanged from last year and whilst the Health Board remains non-compliant for HCAI's, the Health Board is showing signs of improvement for both C.difficile infections and Staph aureus bacteraemias. Improvements have also been noted in Antibiotic stewardship in both Primary and Secondary Care. The Directorate are also working on an 'All Wales' basis with Public Health to identify potential geographical areas and at-risk groups to target a joint health promotion campaign aimed at prevention. It is noted however that Gram negative bacteraemias remain a concerning picture and experienced across Wales. The Health Board is currently working towards the goals of the current 5 year National Plan. A HCAI Action Plan is in place and regularly reviewed, with work ongoing. The next review of the action plan is due in March 2024, after which a revised implementation date will be sought. The risk of non-compliance with this WHC is monitored via Risk 1734 - Risk of patient harm due to increase of nosocomial transmission of HCAI due to reduced bed spacing. Current control measures noted to manage and mitigate this risk include the provision of Infection Prevention & Control (IP&C) policies, and face to face Mandatory training, to all staff groups to inform of standards and policies (including personal protective equipment and transmission-based precautions). The Infection Prevention & Control E-Learning modules are regularly reviewed to track compliance. Antibacterial hand gel is now available within the patient bed areas and at point of care. Risk assessments of patients that are in closer proximity, and in corridors, are being undertaken to ensure that non-infectious patients only are assessed in these areas. New battery-operated agile cleaning machines have been purchased to enable easier access in confined spaces. Head of Infection Prevention and Consultant Practitioner Infection Prevention to liaise with other Health Board's to determine how other Health Board's are recording on their tracker. The Isolation Facilities will be in the capital programme. Discussions to be held with Head of Capital Planning to determine the likelihood of funding into 2024/25 as this is the area where the QIA may be considered.	Nursing	N/K	1490 (Increased risk of patient harm due to escalating rates of Clostridioides difficile Infection (CDI)). (service level, current risk score 12)	No	No	No - not reliant on funding it is more related to practice – any funding for this would sit within the facilities space aligned to cleaning.	Yes	Awaiting update from Simon Chiffi to advise
040-23	2023	The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC)	https://www.gov.wales/newborn-and-infant-physical-examination-cymru-whc2023040-html	09/11/2023	Action	Workforce/Quality & Safety	The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC) have published new set of guidelines and standards for the Newborn and Infant Physical examinations for implementation by health boards in Wales.	Director of Operations	TBC	Nov-23	Local health boards Maternity and neonatal services	Nov-23	External	QSEC	18/07/2024 - A meeting with medical leads in January 2024 confirmed the Health Board is compliant with the practical and training elements of this WHC, including education, ESR model and clinical aspect of the newborn physical examination. There is no national or local system currently available to comply with data capture requirements, therefore the status of this WHC has been changed to 'external' (i.e. outside the gift of the Health Board to comply with at this time). This barrier will remain until an all-Wales data system becomes available. The Head of Midwifery confirmed at the Women & Childrens QSE meeting on 27 June 2024 that there has been no further update on this. New Lead Officer to be confirmed.	Women and Children's Services	N/K	No	Digital solution at an all-–Wales level	No	No	No	
005-24	2024	Private obesity surgery and the Welsh NHS	https://www.gov.wales/private-obesity-surgery-and-welsh-nhs-whc2024005	01/02/2024	Compliance	Governance	In recent years, people are increasingly looking to the private sector for management of obesity including bariatric surgery. Successful private sector marketing, particularly from cheaper international providers, strongly appeals to the public. However, there are clear pressures impacting on NHS services due to complications (including death), litigation arising from complications and long term follow up requirements	Director of Therapies and Health Science	Head of Nutrition and Dietetics Service (Zoe Paul-Gough)	N/A	Local health boards Primary Care services NHS Executive	Immediate	Amber	QSEC	18/04/2024 - Head of Nutrition & Dietetics confirmed the Therapies & Health Sciences Directorate are happy to co-ordinate the response to the WHC as the actions cut across several Directorates (Therapies/Primary Care/Women & Children). A scoping exercise is currently underway with additional information awaited from an All-Wales group as well as the Health Board's tertiary provider. 19/04/2024 - Update received from Head of Nutrition & Dietetics, advising that discussions are being held with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS), via the National Level 4 Obesity Group, to identify, if they are unable to provide post operative follow up, the expectation for others for training needs/ risks etc. Information developed for pregnant bariatric women already and a presentation developed/ pathway under development currently (as was flagged as highest risk). Further update to follow.	Therapies	Oct-24		TBC	TBC	TBC- Awaiting response from Service to email sent on 12/03/24)	TBC	

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / IR - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	Lead Service / Directorate	UHB implementation date	Datix risk reference and title	Additional resources required	Capital required?	Will the WHC be taken forward as part of the 2024/25 annual plan? (If this WHC will NOT be taken forward as part of the 2024/25 annual plan, the quality impacts needs to be understood, and the associated risks assessed or re-assessed)	Quality Impact Assessment (QIA) to be undertaken	Date QIA undertaken
002-24	2024	Standards for Competency Assurance of Non-Medical Prescribers in Wales	https://www.gov.wales/standards-competency-assurance-non-medical-prescribers-wales-whc202402	04/03/2024	Action	Health Professional Letter	All health boards, Velindre NHS Trust, the Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust are required to implement the standards for competency assurance of non-medical prescribers within their organisation by 31 March 2026 at the latest. To support implementation, these organisations are required to develop an implementation plan with the support of HEIW by 30 September 2024. All health boards, Velindre NHS Trust, the Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust should identify an appropriate senior manager within their organisation to be responsible for developing the implementation plan and whose details should be shared with HEIW by emailing Karen.Brambles@wales.nhs.uk by 28 March 2024.	Director of Primary Care, Community and Long Term Care	Chris Brown	Apr-26	Chief Executives, Nurse Directors, Directors of Therapies and Healthcare Science and Chief Pharmacists, Local Health Boards, Velindre University NHS Trust, Welsh Ambulance Services	31/03/2026	Amber	QSEC	09/04/2024 - Part 1 of the WHC required a nominated lead to be submitted to Health Education and Improvement Wales (HEIW) by 28/03/24 and this was submitted on 26/03/24. Part 2 of the WHC is to develop an implementation plan with the support of HEIW by 30/09/24. This is being led by the Assistant Director of Nursing (Corporate Nursing Directorate). Part 3 of the WHC sets out a requirement for all health boards, Velindre NHS Trust, the Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust to ensure arrangements for employing, supervising and reviewing the practice of non-medical prescribers comply with the standards in Wales no later than 31/03/26. In April 2024, the Assistant Director of Nursing advised that she is meeting with key stakeholders to agree on plans for implementation.	Medicines Manager	Mar-26	N/A	N/A	N/A	N/A	N/A	N/A
011-24	2024	Changes to dietary advice on feeding young children aged 1-5 years	https://www.gov.wales/changes-welsh-government-dietary-advice-young-children-whc2024011	06/03/2024	Action	Workforce	Changes to Welsh Government dietary advice for young children aged 1 to 5 years following acceptance of recommendations made by the Scientific Advisory Committee on Nutrition (SACN) in its report on 'Feeding young children aged 1 to 5 years' The role of SACN is to provide independent scientific advice on, and risk assessment of, nutrition and related health to the 4 UK Governments	Director of Therapies and Health Science	Karen Thomas	Apr-27	Local Health Boards	Immediate	Amber	QSEC	20/03/2024 - Joint Head of Dietetics will lead on the Health Board response. This will require input from a range of services/areas including Paediatrics, Health Visiting, School Nursing, Public Health, Flying Start as well as others. A meeting is to be organised to scope out what needs to change. 08/04/2024 - The Joint Head of Dietetics has emailed leads in the following services: Health Visiting, Public Health, Acute Paediatrics, Community Paediatrics, School Nursing & Childhood Immunization, Lead Pharmacist requesting confirmation that the WHC has been cascaded / communicated to their respective teams, and that any changes required to information / resources / training & education have been identified within their service area and the actions needed have been taken to update these in line with the WHC.	Therapies	Sep-24	N/A	TBC	TBC	TBC - awaiting response from Service (email sent 08/03/24).	TBC	TBC
012-24	2024	Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement	https://www.gov.wales/nursing-preceptorship-and-restorative-clinical-supervision-position-statement-whc2024012	19/03/2024	Compliance/Action	Workforce/Health Professional Letter	The recent years of unprecedented pressure and strain on the NHS workforce have outlined the need for nationally consistent direction around career spanning support for staff to be factored into our long-term workforce policy. From a preceptorship programme for newly registered nurses to a framework of restorative clinical supervision to continue supporting them throughout their careers. To that end I commissioned a project to be undertaken in my office scoping current practice in Wales and reviewing best practice from around the world to inform a recommended policy direction.	Director of Nursing, Quality and Patient Experience	Janice Cole-Williams	Oct-25	Directors of Workforce & OD Chief Executives, Executive Directors of Nursing, Directors of Workforce	01/07/2024	Amber	QSEC	24/03/24: Director of NQPE has confirmed that this WHC will sit within the NQPE portfolio. Assistant Director of Nursing to lead.	Nursing	Jul-24			TBC	TBC	TBC	TBC
006-24	2024	National Clinical Guideline for Stroke, for the UK and Ireland	https://www.gov.wales/national-clinical-guideline-stroke-whc2024006	21/03/2024	Action	Quality and Safety/Delivery	This Welsh Health Circular provides a National Clinical Guideline for Stroke for the UK and Ireland. The National Clinical guideline for Stroke provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature.	Director of Operations	Bethan Andrews	N/A	All NHS Trusts, Health Boards	Immediate	Red	QSEC	The WHC cannot be implemented until the Clinical Services Plan has been completed (Stroke Services are part of this wider plan as there is a current lack of resource, including staffing, equipment and environment).	Unscheduled Care (WGH)	N/K - until completion of the wider Clinical Service Plan.	233 - Risk of poor patient outcome due to insufficient stroke therapy staff & lack of 7 day Consultant affecting the Health Board (Current Risk Score 12).		Yes	No - Stroke Services are part of the wider Clinical Service Plan	To be undertaken in June 2024	To be undertaken in June 2024
016-24	2024	Healthy Child Wales Programme: for school aged children	https://www.gov.wales/healthy-child-wales-programme-school-aged-children-whc2024016	11/04/2024	Action/Information	Quality & Safety	The Healthy Child Wales Programme for school aged children is a new unified operating model for School Nursing Services which provides a programme of planned universal health contacts for all compulsory school aged children (aged 5 - 16 years) in Wales, regardless of setting.	Director of Operations	Barbara Morgan	Apr-26	Chief Executives NHS Wales Executive Directors of Nursing Directors of Nursing	Immediate	Amber	QSEC	20/06/2024 - Healthy Child Wales Programme (HCWP) 2 was launched by Welsh Government on 30 April 2024. All Health Boards have 2 years to implement the programme. There has not yet been any confirmation of what data the WG will want to monitor. A risk around compliance with this WHC may be considered at a later date once more information is known about what is required. The service have begun collection of data in readiness, with some assumptions made about what data will need to be reported.	Women and Children's Services	Apr-26	No	Information from WG regarding data required.	No	No	No	

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024-24	2024	Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	https://www.gov.wales/anti-violence-collaborative-obligatory-responses-document-whc2024024-html	17/05/2024	Action	Workforce	To inform organisations of the refreshed Obligatory Responses to Violence in Healthcare Document including the requirements to implement and report upon violent incidents as set out in document	Director of Workforce & OD	Lisa Gosling	N/A	Chief Executives, NHS Wales Health Boards/Trusts/Special Health Authorities Directors of Workforce, Health Boards/Trusts/Special Health	Immediately	Red	QSEC		Workforce & OD	TBC	N/A	TBC	TBC	TBC	TBC	TBC
025-24	2024	NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25	https://www.gov.wales/nhs-wales-national-clinical-audit-and-outcome-review-plan-2024-2025-whc02524	04/06/2024	Information/Action	Health Professional Letter	The annual National Clinical Audit and Outcomes Review Plan confirms the list of National Clinical Audits and Outcome Reviews all health boards and trusts are expected to participate in 2024-25 (where they provide the service). The plan confirms how the findings from audits and reviews will be used to measure and drive forward improvements in the quality and safety of healthcare services in Wales.	Director of Nursing, Quality and Patient Experience	Ian Bebb	Apr-25	Health Boards and NHS Trusts National Clinical Leads	N/A	Amber	QSEC	The Clinical Audit team are supporting the Clinical Audit Project Programme and have met with the Clinical Audit Department to review participation. Out of the 38 (approximate) clinical audits applicable to the Health Board, the Health Board are expecting to participate to a high level (92%). Services are continuing to contribute to the vast majority of projects and are expected to provide an improvement plan and risk assessment for areas of poor or no participation, and include risks on the Service risk registers, if appropriate. Concerns with participation have been identified in 3 (8%) of the projects and are being discussed directly with auditing teams, before being escalated as appropriate. In addition, the Clinical Audit Scrutiny Panel review all instances of low or no participation and schedule meetings with audit/service leads to discuss. Various reports are provided to CASP, QSEC and Operational Groups.	Nursing	Mar-25	N/A	TBC on a case by case basis	TBC	TBC	TBC	TBC
027-24	2024	All Wales Critical Care Escalation Guidance for the Management of All Large Unplanned Increases in Demand	https://www.gov.wales/critical-care-escalation-guidance-whc2024027	19/06/2024	Information	Policy	Publication of 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	Keith Jones	Until replaced	Health Boards and NHS Trust in Wales	Immediate	Amber	QSEC	28/06/2024 - Director of Secondary Care confirmed this WHC sits with Acute Services but spans two separate operational directorates: Scheduled Care (adult critical care) and Women & Childrens (Paediatric and Neonatal transfers). Whilst this WHC is for information, evidence of compliance with Actions 5, 6 & 7 has been requested from the Directorate Leads for Scheduled Care and the Women & Childrens Directorates to be presented and reviewed at ALG in August 2024.	Acute Services	Aug-24			No	No	No	