

Inspection Title	Recommendation	Reference Number	Action	Site	Service	Original Due Date	Current Due Date	Progress Status	Comments/Updates
HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets)	Healthcare Inspectorate Wales (HIW)/2016/146/MD1/1	(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.	TRUSTWIDE	Scheduled Care - Ophthalmology	31/03/2022	31/03/2022	Overdue	Information updates documented within AMAT pre December 2023 (removed to reduce text in this cell). Report to ARAC in December 2023 provided by the Director of Secondary Care. The HIW recommendations pose a challenge to the Health Board; whilst the position has been improved, they have not yet been fulfilled. It will only be possible to close these HIW recommendations when patient access to the Glaucoma pathway is occurring on a consistent basis, without delays. This has strategic ramifications as well as operational and will be difficult to resolve. PROGRESS TO DATE = 1) Additional Glaucoma clinics have been introduced with start of new consultants increasing capacity for FU patients. 2) Additional intravitreal injection (IVI) sessions have been delivered through WLI to reduce the length of wait for this cohort of patients. 3) RACE clinic capacity has been increased to reduce the length of wait for emergency patients. 4) Phase 1 of contract reform went live in October 2023 for community optometrists trained as Independent prescribers (IP) to support Rapid Access Casualty for eyes (RACE). NEXT STEPS = 1) To commence 3 additional Glaucoma virtual clinics with SAS doctors to increase capacity for the FU cohort of patients. 2) To introduce treat and extend to IVT service to assist recovery and reduce the length of wait for patients. 3) To undertake a review of the infrastructure within the HB for IVT delivery across the HB to ensure efficient delivery of service. 4) To review RACE follow-up capacity with introduction of SOS/PFIU for suitable patients to further reduce pressure on the RACE clinic 01/02/2024 - Secured 2 additional virtual clinics for Glaucoma. Treat and Extend has been completed 15.01.2024. Review of infrastructure is currently ongoing. 19/06/2024-Update-Performance meetings have been commenced weekly within the service to look at R1 delivery, 104 week delivery, 52 week delivery and 100% delayed follow ups. The 100% delayed follow ups are being focus booked into follow up clinics whilst we work to establish more clinic delivery to meet demand. 02/10/2024-Reviewed Clinician rota to increase clinic delivery by x3 clinics per week and the service is introducing a x1 Neuro-ophthalmology clinic per week. WGOS 4 has commenced for Glaucoma patients with an identified cohort of new patients to be discharged for management by community optometrists. Focus continue on delivering 52 week and 100% delayed target. Waiting list validation continues. 14/11/2024 - Update - Clinician rota commenced. Continue to onboard x2 SAS doctors. Patients being discharged as appropriate to WGOS 4 pathway.
HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	Lack of capacity/fragility of services of services due to over-reliance on consultants. Issues relating to lack of capacity, recruitment and lack of investment in services. (Treatment - Capacity)	Healthcare Inspectorate Wales (HIW)/2016/146/MD2/1	Action Complete (Historic HIW monitored by Assurance and Risk Team)	TRUSTWIDE	Scheduled Care - Ophthalmology	31/03/2022	31/03/2022	Partially complete (Overdue)	Information updates documented within AMAT 2022 and 2023 (removed to reduce text in this cell). 19/06/2024-Update-Development of workforce continues to include all staff groups inclusive of Consultants, SAS doctors, Specialist nurses, Orthoptists and Optometrists. SB have agreed to support consultant and Orthoptist development, whilst the other staff groups are being supported and developed in house. 02/10/2024- Recruited x1 substantive consultant, x1 SAS doctor commenced in post x1 locum consultant onboarding, x1 SAS doctor post onboarding with further SAS doctor post shortlisted ready for interview. Leaving only 2 Junior doctor vacancies which cannot currently be supported in service. x1 Band 7 Orthoptist post out to advert, x1 88 post JD being reviewed for Orthoptist/Optomtrist lead. 14/11/2024 - Update- Continue to onboard x2 SAS doctors. x2 Consultant posts going out to advert due to recent leavers. Aim for 2 Junior doctors to commence on rotation in August. Training plan to be agreed with training lead.
HIW St Caradog ward, Wyllybush 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.	Healthcare Inspectorate Wales (HIW)/2021/12/MD1/2	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.	Wyllybush General Hospital	Estates	31/10/2022	31/10/2022	Partially complete (Overdue)	Due to nature of recommendation and overlap with patient safety alert 013 - verbal update to be provided at committee.
HIW Bryngafal inspection July 2022	Appropriate and safe curtains are placed in patient bedrooms	Healthcare Inspectorate Wales (HIW)/2022/17/MD3/1	Estates to review environment in bedrooms and identify work plan to replace curtains	Prince Philip Hospital	Estates	30/06/2023	30/06/2023	Overdue	Due to nature of recommendation and overlap with patient safety alert 013 - verbal update to be provided at committee.
HIW GGH IRMER Inspection (Nov 2022)	The employer is required to provide HIW with details of the action taken to improve the ratification process for locally produced documentation so that information does not conflict with the employer's written procedure	Healthcare Inspectorate Wales (HIW)/2022/19/MD15/2	To source a document control system.	Glangwili General Hospital	Radiology	30/09/2023	30/09/2023	Overdue	Update 23/11/23 added to risk register Requirement escalated in exception report to OQ5EC 09/01/2024 6/9/24 - Update: This action cannot be completed at this time as it requires additional investment. Head of Service to escalate in next CSEG report.
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/1	a)Development of standards for physical health screening to be incorporated into Service Specifications.	TRUSTWIDE	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	Partially complete (Overdue)	Update 10/10/23 Multi disciplinary Task and Finish group established to develop standards for physical health screening across MH/LD Directorate. Physical health assessment requirements formulated based on national guidance. Baseline audit planned to confirm current practices against requirements in order to inform implementation plan. Revised timescale for completion 31/01/24.  Update 22/11/23. Physical Health Standards finalised for inpatient pathway and baseline audit underway. Physical Health Checklist developed an awaiting approval for initial implementation on paper from Jan 24.  Update 19/12/23 Physical health checklist was discussed at the PMS 19/12/23.  Update 17/03/24 Baseline audit complete within inpatient services.  Update 23/04/24 Physical health checklist discussed and agreed at ward managers forum. Plan to have checklist added to Care Partner by the end of July. Staff training to support roll out planned for August and full implementation with standards added to service specification by 30th September 2024.
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/2	b)Further development of Care Partner to capture physical health screening in line with above standards through electronic forms.	TRUSTWIDE	Mental Health and Learning Disabilities	30/11/2023	30/11/2023	Overdue	Physical Health checklist developed for inpatient pathway and awaiting approval. Plan for implementation on paper from Jan 24 whilst work to embed onto Care Partner is undertaken by system provider. Revised timescale 01/04/24.  Update 17/03/24 Baseline audit complete within inpatient services.  Update 23/04/24 Physical Health checklist discussed and agreed at ward managers forum. Plan to have checklist added to Care Partner by the end of July. Revised date for completion 31/07/24.
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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD10/1	j)Roll out of Band 4 Admin roles to ensure consistent cover across all wards.	TRUSTWIDE	Mental Health and Learning Disabilities	30/09/2023	30/09/2023	Partially complete (Overdue)	Update 23/08/24 Physical Health checklist is now added to Care Partner however requires revisions prior to implementation. Update 10/10/23 Ward clerk cover in place for all wards (1 WTE admin available to all units as a minimum through a variety of roles) meeting the MH Principles for safe staffing. Band Ward PA Job Description revised on feedback from ward managers, now job matched, engagement in place with staff side in order to launch an organisational change process. Revised target date of 31/01/24 to have people in all Ward PA roles.  Update 13/05/24 Management of change process complete and band 4 Ward Administrator (changed from PA roles) cover now in place.  3/6/24 - evidence required for closure
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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD15/1	j)Strategic review of bed utilisation to inform prediction / trajectories of future need, support removal of delayed transfers of care, to enable service planning and responsiveness.	TRUSTWIDE	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue	Update 09/05/24 A range of actions have been undertaken and are ongoing to support the strategic review of bed utilisation. 1) Review of external reports that reflect information about HDUHB MHLB bed utilisation (benchmarking reports and census reports) undertaken by Values Based Care Team - report awaited. 2) Establishment of regular multi disciplinary meeting chaired by Assistant Director of MHLB to review and monitor delayed pathways of care which has led to an improved position. 3) Commenced clinically led work to review admission and discharge pathways, to support consistent processes since move from functional to sector based medical model. This work remains ongoing. 4) Confirmed need and brief for regular reporting on bed utilisation to inform strategic oversight and monitoring, which is being followed up by data analysts. 5) Broader work to consider bed base in the context of Health Board saving requirements including full quality impact assessment to be undertaken.  Revised completion date November 2024. Update 10/10/23 Mental Health Safe Staffing Principles and Welsh Levels of Care (version 3) remain in draft and unpublished. A review of establishment for inpatient assessment and treatment services is underway. The above draft documents are being used to inform the review. The timescale for completion has been affected by limited capacity within the finance and nurse staffing team. 31/12/23 is the revised target date for completion of the review.  Update 09/05/24 Inpatient establishment review work has been completed by the directorate and is awaiting professional scrutiny via the Exec Director of Nursing. Meetings are in place to facilitate this through May and June. Target completion date therefore revised to July 2024.  Update 19/07/24 Inpatient establishment review work has been completed by the directorate and is awaiting professional scrutiny via the Exec Director of Nursing. Meetings scheduled in May and June were postponed by the Exec Director if Nursing and have been rescheduled for July and August. Target completion date therefore revised to September 2024.
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/3	p)Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	TRUSTWIDE	Mental Health and Learning Disabilities	30/11/2023	30/11/2023	Overdue	Update 24/05/24 Delay in updates to this action due to delay in publication of Welsh levels of care guidance for inpatient mental health and pause of All Wales Mental Health Workstream for Nurse Staffing. Extraordinary MH Workstream Group meeting scheduled for 4th June 2024 where practical application of Welsh Levels of Care within SAFECARE will be reconsidered. Local capacity being scoped within the Hwyl Dda Nurse Staffing Team in anticipation of being able to work towards implementing a local pilot of SAFECARE across one mental health inpatient ward. Timescale for completion therefore revised to 31/12/2024.
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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4	q)Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	TRUSTWIDE	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue	Update 22/11/23 MHLB Workforce Management Group established. Support to gain regular breakdown of workforce metrics for MHLB services to enable baseline measures and tracking approach established. Discovery focus groups underway across MHLB areas to gather feedback from staff to inform MHLB retention plan.  Update 24/05/24 Discovery focus groups completed and draft report with recommendations for action complete for presentation to MHLB Leadership Group in June. High level recruitment and retention areas of actions developed inclusive of Discovery work feedback. Targeted action plan under development and to be presented to MHLB Workforce Management Group in July 2024.  Completion date therefore revised to 30/07/24.
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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD26/2	s)Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	TRUSTWIDE	Mental Health and Learning Disabilities	30/09/2023	30/09/2023	Overdue	Update 10/10/23 Work is being led by the Assistant Director for Mental Health and Learning Disabilities. Timescale for completion revised to 31/12/23.  Discussed 2/7/24. ongoing work being undertaken .Becky Templeton-Purcell is going to link in with Cwm Taf Health board to identify any effective weighing tools being utilised  Update 23/08/24 Contact made with Aneurin Bevan UHB in relation to the article accessed here: A caseload management tool for community mental health teams   British Journal of Mental Health Nursing (magonlinelibrary.com). Weighing tool not used however offer made to share Caseload Management Policy which is awaited and will be considered for applicability in HDUHB. Timescale for completion revised 30/11/24.  Continuing to review and discuss caseload tools. Continue with revised date 30/11/24
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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD32/1	u)Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	TRUSTWIDE	Mental Health and Learning Disabilities	30/11/2023	30/11/2023	Overdue	Update 22/11/23 Training Needs Analysis tool developed by Learning and Development Team to be piloted across MHLB services. Update 24/05/24 Update. Progress with action delayed due to directorate capacity to facilitate pilot of TNA tool. Directorate to re engage with Learning and Development to agree a plan to progress. Completion date therefore revised to 30/09/24.

HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD34/1	w)Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements to include:-  -Testing assurance of consistent implementation of CAT and Physical Health Screening -Testing assurance of appropriate completion of WARRN -Routine reporting and monitoring of compliance with routine offer of carers assessments -Audit of compliance with Ward Round (MDT Review) standards -Routine report and monitoring of compliance with communication of discharge notifications, discharge letters and discharge summaries against NICE guideline standards -Record Keeping Documentation Audit to include completion and uploading of discharge checklists and communication of discharge plans -Testing assurance of the quality of discharge letters	TRUSTWIDE	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue	Medical Staffing Committee audit lead identified, and a meeting scheduled for September 2023 to develop the audit framework and plan and to discuss its implementation. MHLD directorate themed audits have also been identified and have been accepted as part of the Health Board's Clinical Audit Plan.  Update 24/05/24 Update - MHLD Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHLD QSEG meeting in June 24. Completion date therefore revised to 30/06/24.  Update 23/08/24 Verbal updates on work being undertaken by the MHLD Clinical Audit and Effectiveness Group have been received at June and August MHLD Quality Safety Experience Group meetings. Evidence uploaded. A documented framework and plan is still outstanding and expected for presentation to the October MHLD QSEG meeting. Completion date revised to 31/10/24.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD34/2	v)Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	TRUSTWIDE	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue	Update 24/05/24 Update - MHLD Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHLD QSEG meeting in June 24. Completion date therefore revised to 30/06/24.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD34/4	j)Update reports on progress of the clinical audit programme to be provided to MHLD QSEG in order to provide oversight on outcomes.	TRUSTWIDE	Mental Health and Learning Disabilities	31/03/2024	31/03/2024	Overdue	Not due.  Update 24/05/24 Update - MHLD Clinical Audit and Effectiveness Group established with regular meetings. TOR in place. Group progress update and plan expected at MHLD QSEG meeting in June 24. Completion date therefore revised to 30/06/24.  Update 23/08/24 Verbal updates on work being undertaken by the MHLD Clinical Audit and Effectiveness Group have been received at June and August MHLD Quality Safety Experience Group meetings. Evidence uploaded. A documented framework and plan is still outstanding and expected for presentation to the October MHLD QSEG meeting. Completion date revised to 31/10/24.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD4/1	d)All teams to compile evidence folders for certification against Investors in Carers standards by a September 2023 and commence implementation of an annual review process.	TRUSTWIDE	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	Partially complete (Overdue)	Update 10/10/23 All teams across MH/LD directorate are now engaged with Investors in Carers. A full position statement is to be presented to MH/LD QSEG in December through an Investors in Carers Agenda Item agenda item. Timescale for completion revised to 31/12/23.  Update 23/04/24 Deterioration in position due to movement of staff and need for champions to be identified. Full update on position to be reported at June MHLD QSEG. Revised timescale for completion September 2024.  Update 23/08/24 MHLD Directorate continue to focus on engagement with Investors in Carers scheme. Update received at recent MHLD Quality Safety and Experience Group meetings and monitoring in place to sustain focus. Evidence uploaded. Completion date revised to 31/12/24.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD6/1	e)@oproduce 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.	TRUSTWIDE	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	Overdue	Multi disciplinary Task and Finish Group established to coproduce standards for Ward Review process. Update 10/10/23 Multi disciplinary Task and Finish group established. Previous published work by Hywel Dda on service user perceptions and AIMS standards to be used as a reference point. Timescale revised to 31/01/24 to enable full engagement of service users and carers.  Update 23/05/24 All Wales Patient Safety Programme for Mental Health launched to drive safety improvements across inpatient Mental Health Wards (including standards for safe discharge). Development of consistent standards across Wales will be developed through this programme. The Health Board are active participants and will contribute to this work through relevant national work streams and local implementation of standards. Date of completion therefore revised to 30 November 2024 to enable reflection of nationally evolving work.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/29/MD8/1	h)Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	TRUSTWIDE	Mental Health and Learning Disabilities	31/10/2023	31/10/2023	Overdue	Development of a training resource is incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore progress delayed. Revised timescale 01/04/24.  Update 23/05/24 All Wales Patient Safety Programme for Mental Health launched to drive safety improvements across inpatient Mental Health Wards (including standards for safe discharge). Development of consistent standards across Wales will be developed through this programme. The Health Board are active participants and will contribute to this work through relevant national work streams and local implementation of standards. Date of completion therefore revised to 31/12/24 to enable training to be developed to reflect nationally evolving work.
HW 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.	Healthcare Inspectorate Wales (HIW)/2023/69/MD1/2	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	Withybush General Hospital	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Partially complete (Overdue)	Update 12/2/2024 quote has been received to rectify "blind spot" issue and approved. Awaiting action from Alarm company to attend ward and undertake work required. Update 27/03/24 - new alarms in place which rectify blind spot issue. evidence needed to allow for closure 3/6/24 Update 09/10/2024 Alarms are in place to rectify blind spot. Charles Scarf was unable to attend a staff meeting to advise on security and safe working practice in September 2024. The Ward Manager is rearranging this for December 2024 and in the meantime Charles has offered to send information material for sharing with staff. Revised completion date 31/12/2024
HW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The Health Board must address the environmental issues and resolve them in a prompt and timely manner: 1) Mould and poor ventilation in both laundry rooms 2) Glass window cracked in St Non's leading into the courtyard requires replacing; 3) Sluice macerator on both wards needs to be fixed or replaced as both currently not working; 4) Occupational therapy room needs to be decluttered and tidied up and not used as a storage room; 5) Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated; 6) Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group; 7) Thermostats covers in some patient rooms on St Non are missing and need replacing.	Healthcare Inspectorate Wales (HIW)/2023/69/MD10/4	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	Withybush General Hospital	Estates	31/01/2024	31/01/2024	Partially complete (Overdue)	Review of handrails has been completed and implementation of solutions will now be taken forwards through estates and capital process and monitored through the MHLD Directorate Accommodation Group.
HW 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	Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1	To undertake a Directorate wide audit of Rapid Tranquillisation against standards for physical health monitoring within the Health Boards Rapid Tranquillisation Policy.	Withybush General Hospital	Mental Health and Learning Disabilities	31/03/2024	31/03/2024	Overdue	Update 23/05/24 Progress with this action has been delayed due to limited medical capacity. Plans to develop a rapid tranquillisation audit will be discussed at the newly formed Clinical Audit and Effectiveness Group meeting taking place in June 2024. Timescale for completion revised to 30th September 2024.
Glangwili Hospital – Morlais Ward	The health board must ensure that the visitor's room is made a more welcoming environment.	Healthcare Inspectorate Wales (HIW)/2024/302/MD1/1	To review furniture requirements / place an order and review visitors information requirements and install.	Glangwili General Hospital	Mental Health and Learning Disabilities	30/08/2024	30/08/2024	Overdue	Furniture for Ty Bryn due for delivery 18/11/24
Glangwili Hospital – Morlais Ward	The health board must review the provision of patient and family/ carer supporting information at the hospital, to ensure it is accessible to patients and visitors.	Healthcare Inspectorate Wales (HIW)/2024/302/MD2/1	To review patient/ family / carer information requirements and install to make accessible for all.	Glangwili General Hospital	Mental Health and Learning Disabilities	11/11/2024	11/11/2024	Overdue	14/11/24 Boards ordered - delivery awaited
Glangwili Hospital – Morlais Ward	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	Healthcare Inspectorate Wales (HIW)/2024/302/MD3/1	To instigate and agree a maintenance plan for the garden area and agree an implementation plan.	Glangwili General Hospital	Estates	31/10/2024	31/10/2024	Overdue	
Bryngolau Ward, Prince Philip Hospital	The health board must promptly address the environmental issues within the communal garden and provide equitable access for patients to use the garden to support their physical and mental well-being	Healthcare Inspectorate Wales (HIW)/2024/395/MD5/1	To schedule Mtlie Grounds and Garden Contractors to start work on the garden	Prince Philip Hospital	Estates	15/11/2024	15/11/2024	Overdue	
HW 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.	Healthcare Inspectorate Wales (HIW)/2024/86/MD5/1	1.Non-medical referrers (NMRs) to have ongoing bi-annual review. Historic NMRs to be identified and to undergo same process.	Withybush General Hospital	Radiology	01/09/2024	01/09/2024	Partially complete (Overdue)	Work is ongoing to identify historical requesters and ensure bi-annual training review.

<p>HIW IRMER Diagnostic Imaging x-ray department Wyllybush Hospital January 2024</p>	<p>The employer must provide HIW with details of action taken to review and update the process of non-medical referrer clinical evaluation to ensure appropriate up to date training on how to clinically evaluate chest and musculoskeletal general radiography is being performed.</p>	<p>Healthcare Inspectorate Wales (HIW)/2024/86/MD6/1</p>	<p>All non-medical referrers who have indicated that they can clinically evaluate images will be reviewed and the matrix will be updated to reflect this. Staff training records will be obtained, appraised and reviewed bi-annually. Audits will be required to ensure competencies are maintained and continuation of referral rights. Failure to supply these documents will be escalated to the Executive Director of Therapies and Health Science/ Executive Director of Nursing, Quality and Patient Experience. An action plan will be developed to ensure that an ongoing process is undertaken, whereby all non-medical referrers are aware of their responsibilities under IR(ME)R 2017. This is to ensure that all non-medical referrers undertake up to date training and provide assurance to the employer that this has been completed in line with Ionising Safety Policy.</p>	<p>Wyllybush General Hospital</p>	<p>Radiology</p>	<p>31/08/2024</p>	<p>31/08/2024</p>	<p>Partially complete (Overdue)</p>	<p>A task and finish group was introduced in June including all main NMR stakeholders. All NMR's who clinically evaluated have provided training records. Awaiting evidence of completion</p>
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