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

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

December 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.

Within the Health Board's Quality Management System a number of assurance processes and quality improvement strategies are used to ensure high quality care is delivered to patients.

This report provides information on:

- Our Quality Management System: an update
- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Nurse Staffing Levels (Wales) Act 2016
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Quality Impact Assessments
- Welsh Health Circulars

Quality Management System: an update

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

The Health Board's Quality Management System was agreed by Board in March 2023. It is available to staff through a dedicated SharePoint page.

We have continued to strengthen our QMS through use of additional tools and making improvements:

- Adapting this Quality Assurance Report and introduction of a tool to ensure quality is considered when making strategic decisions
  - Quality Impact Assessments are being undertaken and reviewed by the QIA panel
  - Work underway to develop an integrated impact assessment
- Telling our story through Teulu Jones
  - EQIiP (improvement projects) use Teulu Jones to demonstrate the impact of the improvement
  - Used through our annual Duty of Quality Report
- Additions to Our Performance and Our Safety Dashboards and introduction of escalation arrangements
  - Work underway to add further measures to the dashboard and to our internal escalation arrangements

Our Performance (as at October 2024)

Our Safety dashboard

This dashboard provides an overview of potential risks and safety hotspots across the health board.

Duty of Quality
Quality-driven decision-making tool

Part 1 - Quality Impact Assessment Toolkit

Overview & Guidance

QUALITY IMPACT ASSESSMENT PANEL

1. Constitution

1.1 The Quality Impact Assessment Panel (the QIA Panel) has been established as a group of Quality, Safety and Experience Committee and constituted from 1 March 2024.

2. Principal Duties

2.1 The purpose of the QIA Panel is to provide oversight to ensure that quality is the central principle in how health and care services are designed and delivered within Hywel Dda University Health Board, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

3. Operational Responsibilities

3.1 The QIA Panel will, in respect of its provision of assurance to the Quality, Safety and Experience Committee, ensure that:

3.1.1 quality impact assessments (QIA) on organisational activities are assessed and the potential consequences (impacts) on quality are considered, and any necessary mitigating actions are outlined in a uniformed way across Hywel Dda University Health Board. Activities may include, but will not be limited to, projects/schemes, opportunities, initiatives, plans, financial savings plans, risks over tolerance, and any other activity that may result in an impact in quality.

3.1.2 any areas of high-risk, e.g., significant negative quality impact, will be reported to the Quality, Safety and Experience Committee and any other meeting as appropriate to ensure that any possible mitigations can be identified and/or inform decision making processes.

3.1.3 there is a robust ongoing assessment of the identified quality impact metrics through the Directorate Improvement Together sessions, to ensure ongoing oversight of the impact on the quality of the services provided and mitigation.

4. Membership

4.1 The core membership of the QIA Panel shall comprise:

Title
Executive Director of Nursing, Quality and Patient Experience (Chair)
Executive Director of Therapies and Health Sciences (Vice Chair)
Executive Medical Director
Associate Medical Director for Quality

Patient Safety Incident Reporting

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

Patient Safety Incidents by month of occurrence

As at 31/10/2024

There were 13,311 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1st November 2023 – 31st October 2024.

Of the 13,741 patient safety incidents reported, 10,165 have been closed. 1.3% were closed as moderate, severe or catastrophic harm.

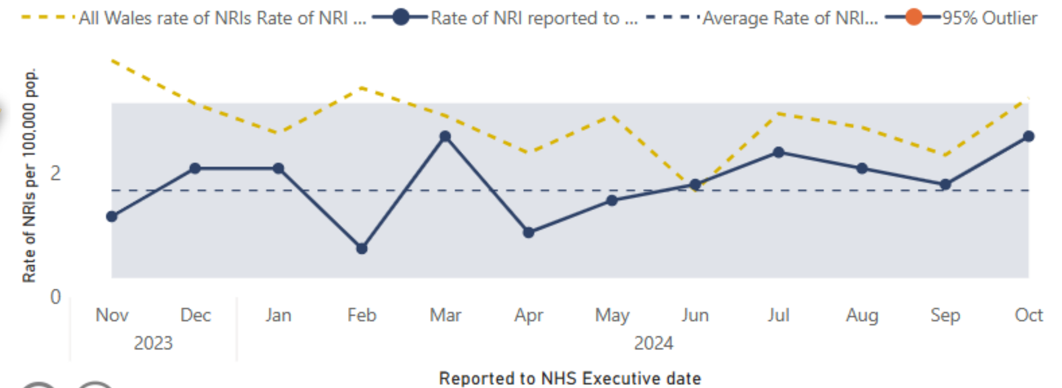
Further work is required with investigators to ensure that the grade/severity of an incident should reflect whether the investigation identified any acts or inactions by the Health Board that led to a negative outcome for the person affected e.g. pressure damage present on admission closed as severe harm.

Top 3 incident categories

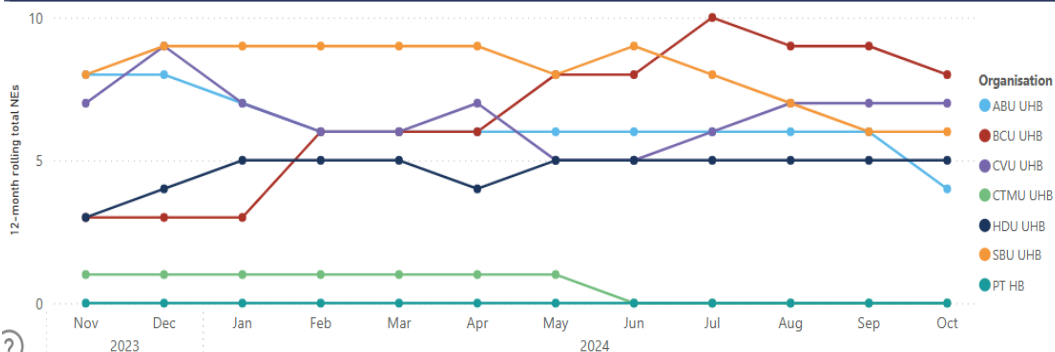
Incidents reported between 01/11/2023 and 31/10/2024 and closed as moderate, severe or catastrophic harm

Category	Count
Pressure ulcer developed or worsened during care in this clinical care area/caseload	31
Slip, trip or fall	20
Treatment or procedure issues	12

HDU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 11/11/2024



All Wales 12-month rolling total Never Events occuring (by incident date) as of 11/11/2024



HDU UHB Never Events occuring (by incident date, Nov-23 to Oct-24) as of 11/11/2024

Year	2023	2024										
Never Event	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Administration of medication by the wrong route	0	0	0	0	0	0	1	0	0	0	0	0
Not coded	0	0	0	0	0	0	0	0	0	0	0	1
Retained foreign object post procedure	0	1	1	0	0	0	0	0	1	0	0	0
Total Never Events	**0**	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**1**

Medication Errors

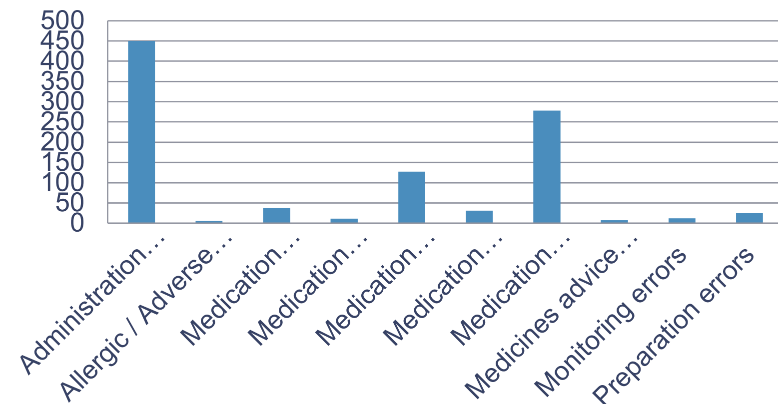
Medication Errors by month of occurrence

There were 1,259 medication errors (Patient Safety Incidents) reported on Datix Cymru in Hywel Dda UHB between 1st November 2023 – 31st October 2024.

Of the 1,259 medication errors reported, 985 have been closed. 5 incidents were closed as moderate, severe or catastrophic harm.

Medication error categories

Incidents reported between 01/11/2023 and 31/10/2024 and closed



Moving from Safety I to Safety II

The current *Management of Nursing and Midwifery Medication Error/Near Misses Policy* focuses on individual error and whether the error is a single medication error or a repeated failure to respond to support, training and supervision. This approach is a Safety I approach e.g. the person is the problem that needs to be fixed, and the incident is caused by failure.

Whilst it is recognised that ensuring practice is safe, use of the Just Culture Guide would in the majority of medication errors suggest that:

> **Recommendation:** Action singling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual.

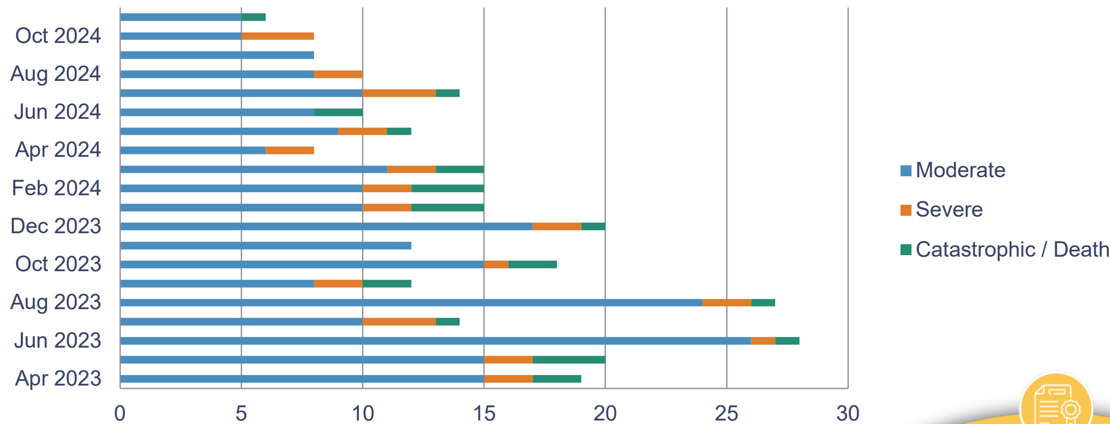
Safety II encourages a focus on understanding the conditions where performance variability can become difficult and to focus the investigation on understanding how things usually go right as a basis for explaining how things occasionally go wrong.

A review of the policy is currently underway to maximise a Safety II approach. The policy is also widening to a *Multi-Disciplinary Medication Incidents Management Policy*. The revised policy will:

- Detail the actions required to ensure the immediate and long-term safety of the patient.
- Detail the processes in HDUHB for monitoring medication errors and incidents and ensuring that lessons are learnt and shared to minimise such occurrences in the future.
- Support staff to learn from any medication errors

Members of the Quality Improvement Team, the Quality Assurance and Safety Team and the Medicines Management Team are currently undertaking a review of medication errors to ensure actions are in place from a system perspective. The review will consider the Yorkshire Contributory Factors Framework and the lessons learnt detailed in the investigation report.

Duty of Candour



142 incident records have been closed where duty of candour had been triggered during the manager's initial assessment.

		Harm post investigation					
		None	Low	Moderate	Severe	Catastrophic / Death	Total
Manager's interim harm assessment	Moderate	7	23	88	0	0	118
	Severe	0	5	2	7	2	16
	Catastrophic / Death	1	3	1	1	2	8
	Total	8	31	91	8	4	142

Top 3 incident classifications

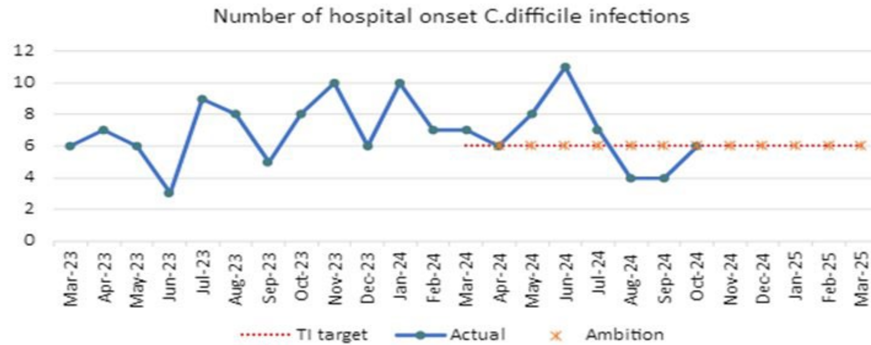
Incidents occurring after 01/04/2023 where duty of candour has triggered, and investigation has been closed.

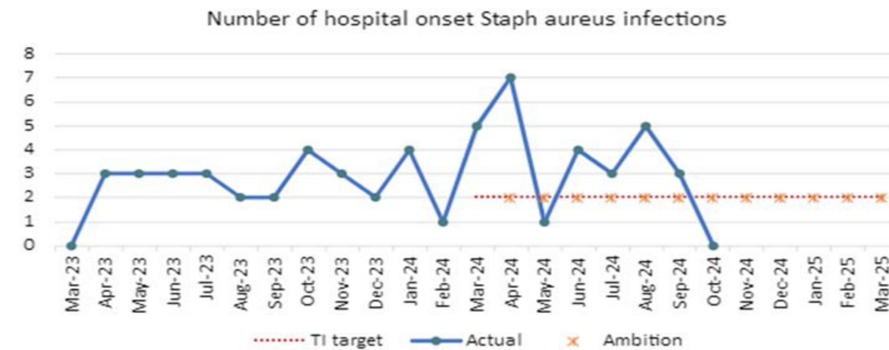
Classification	Count
Pressure Damage, Moisture Damage	**35**
Pressure ulcer developed or worsened during care in this clinical care area/caseload	31
Pressure ulcer present before admission to this clinical care area/caseload	3
Pressure from medical device present before admission to this clinical care area/caseload	1
Accident, Injury	**30**
Slip, trip or fall	29
Patient injury	1
Maternity adverse occurrence	**19**
Maternity adverse occurrence - Neonate	12
Maternity adverse occurrence -Maternal	7

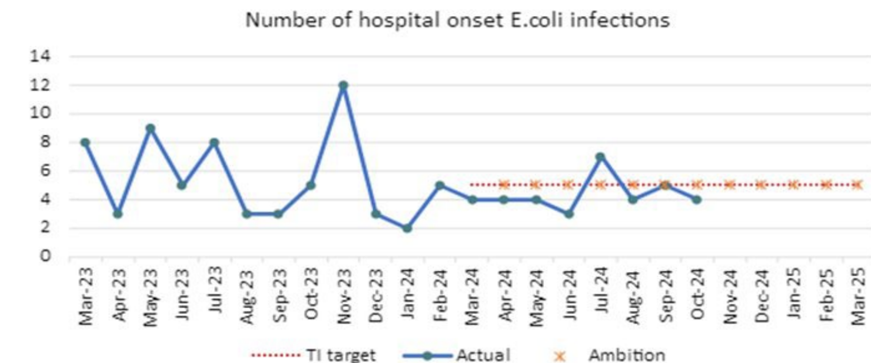
Learning identified:

- Use of cannula care bundle and recording of Visual Infusion Phlebitis (VIP) score
- Peer review of pressure damage to confirm grading.
- Use of body map for pressure damage
- Adherence to the 'Care after a death' policy and updating to reflect recent changes to how to request portering services for transfer of deceased patient.
- Importance of environment and patient safety huddles.

Infection prevention and control: HCAI







- Executive leadership for Standard Infection and Control Precautions (SICPS), Antibiotic Stewardship and Facilities to increase profile and drive improvement
- Clostridium Difficile Improvement (CDI) Group
- Environmental cleanliness profiled
- Progression with the Healthcare Associated Infections (HCAI) Improvement Plan, reduce fluctuation and peaks

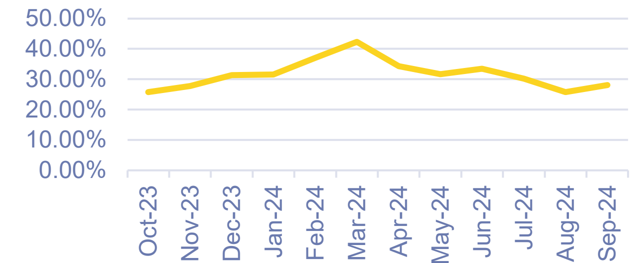
- Some improvement in Aseptic Non-Touch Technique (ANTT) compliance 79.26%
- Hand hygiene compliance audits continue
- Peripheral Vascular Catheter (PVC) bundle compliance and line care to be profiled and targeted at Withybush Hospital (WGH) in December 2024
- Learning from events for cases of Staph aureus bacteraemia

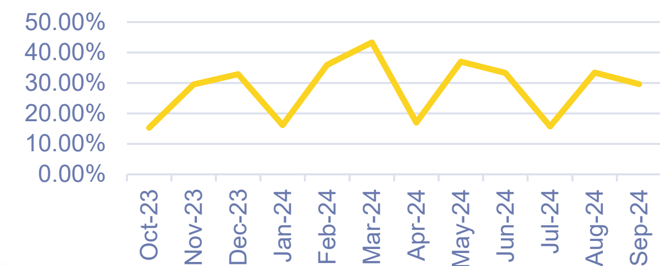
- Maintain reduction of hospital onset cases
- Continued education of staff
- Further work into root cause analysis for cases

Note: The Targeted Intervention (TI) de-escalation criteria has now been met for C. diff and E. coli (25% reduction maintained for 3 months)

Nurse Staffing Levels (Wales) Act 2016 – Extent to which the nurse staffing levels are maintained for S25B wards

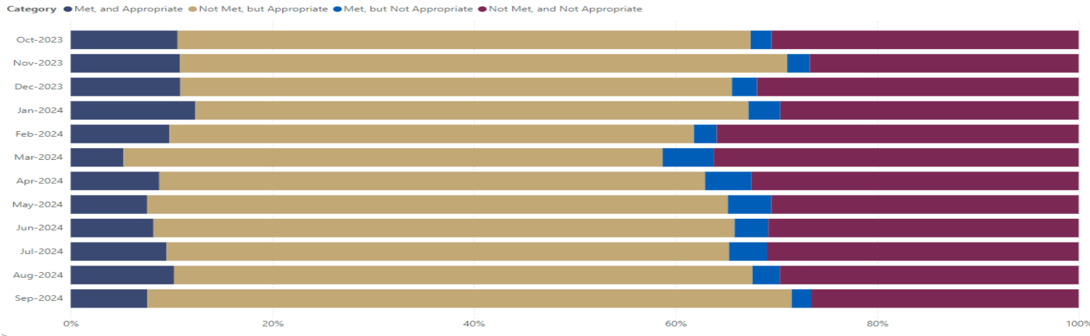
- The extent to which the planned roster has been maintained within S2B wards (acute adult inpatient medical/surgical wards and paediatric inpatient wards) for the last 12 months for both day and night duty (1st October 2023-30th September 2024) are set out on the following slide.
- An average of 44.41% of night shifts (range 35.99-48.76%) and 6.76% of the day shifts (4.02-11.08%) were deemed to be met and appropriate. It is noted that the ability to deploy staff to ensure appropriate clinical skill and deploy staff deemed to be supernumerary/non-rostered to provide direct patient care is greater during the day than at night. There are also generally less staff rostered to work at night than in the day.
- There is a data quality issue in Allocate which is impacting on the met/not met data and there has been little change to the percentage of shifts meeting the planned roster despite the nursing stabilisation work that has been undertaken - the shifts in Allocate are based on early/late/night duty not on early/late/long days/night duty (a decision taken at the time Allocate was rolled out)– the head count may be correct, the total actual hours worked are less than what the planned roster is in Allocate.
- The average percentage of rosters being deemed appropriate (whether the planned roster is met or not met) was 68.41% for night shifts (range 57.71-74.26%) and 75.18% of day shifts (range 56.72-84.33%) , with the number of staff on duty deemed to be not appropriate for 31.59% of the night shifts and 24.82% of the day shifts. An analysis of the narrative shows that the inability to secure additional staff to care for high acuity patients or patients requiring enhanced patient support are the main reasons why the number of staff on duty is deemed to be not appropriate. Other reasons include the inability to cover the planned roster and the inability to secure additional staff when the ward is using surged beds.

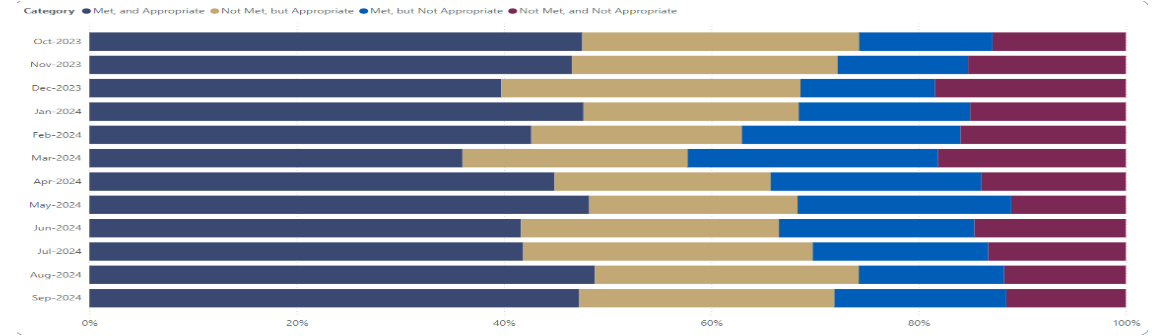




Nurse Staffing Levels (Wales) Act 2016 – continued

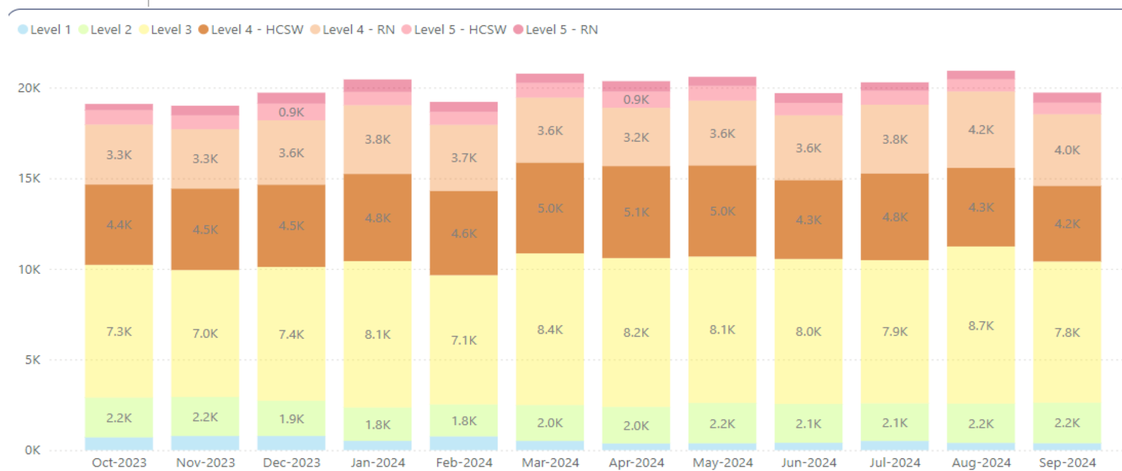
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



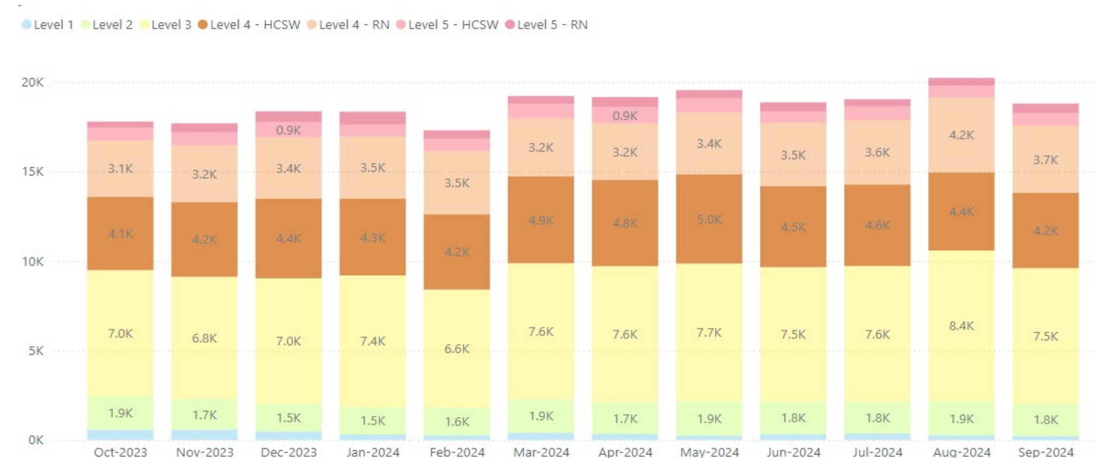


The met/not met data is calculated on the planned roster minus the actual roster data and the shift may be deemed not met by as little as 15 minutes or as much as the total hours of a shift.

Acuity – day duty census



Acuity – night duty census



The acuity data is for all patients with those requiring enhanced patients support from a Healthcare Support Worker (HCSW) assessed as Level 4 HCSW (darker amber) and Level 5 HCSW (paler red) in the above graphs.

Impact on Harm - For the 1st October 2023-30th of September 2024 there were there were 46 incidents (39 falls, 5 hospital acquired pressure damage and 2 medications errors) where the nurse staffing levels were not maintained, and it was deemed to be a contributory factor to the incident of the 46, 7 incidents of falls was deemed to have resulted in moderate harm with the level of harm for the remaining incidents being low or none.

Nurse Staffing Levels (Wales) Act 2016 – risks and mitigations

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

Risks	Mitigations
Allocate data quality issues - there has been little change to the percentage of shifts meeting the planned roster despite the nursing stabilisation work that has been undertaken, and this is because of how the shifts are set up on the Allocate system	• Ongoing discussions with the rostering team • Options appraisal being undertaken • Discussions at an All Wales level around the extent to which data and what should be reported i.e. the head count of staff on duty or the hours worked.
Professional judgment data quality issues • The staff's understanding of professional judgement is variable • Novice and less experienced Registered Nurses (RNs) making different professional judgement decisions than more experienced staff.	• All staff advised to attend the red flags and extent to which the nurse staffing levels are maintained training – attendance monitored. • All Unscheduled Care sites asked to set up scrutiny meetings (to mirror the process set up in GGH) so that the data can be reviewed and monitored on a monthly basis
The number of staff on duty (whether the roster is deemed to be met or not met) are deemed to be not appropriate - 31.59% of the night shifts and 24.82% of the day shifts.	• "All reasonable steps" are taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed operational guidance document. • Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board's overarching duty of "providing sufficient nurses to allow the nurses time to care for patients sensitively".
Management of patients with high acuity or requiring enhanced patients support	• Systems in place whereby risk assessments are undertaken, taking into consideration patients' needs (acuity) versus the available staff (both substantive and temporary), staff's knowledge and team. • Work ongoing to review how patients requiring enhanced patients support are managed and cared for. • An All Wales enhanced patient care risk assessment is being developed and is awaiting Executive Directors of Nursing Peer Group sign off before being implemented within the Health Board.

Health Inspectorate Wales (HIW) / Care Inspectorate Wales (CIW) / Human Tissue Authority (HTA) inspection activity:
1 August 2024 – 30 October 2024

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

There has been 1 new inspection report published by Care Inspectorate Wales (CIW) (July 24 inspection) but no new reports published by Health Inspectorate Wales (HIW) or the Human Tissue Authority (HTA) relating to the Health Board in the period 1st August 2024 to 30th October 2024.

HIW have also published their annual report 2023-2024 on 15th October 2024.

HIW undertook an unannounced inspection of Bryngolau Ward, Prince Philip Hospital on 2nd – 4th September 2024. There were a number of areas of immediate concern identified relating to health, safety and security during the inspection and the immediate improvement plan was submitted on 9th September to address those concerns. The draft report and factual accuracy report was received on 28th October, and plans are underway to respond to the report, by the deadline provided.

We have also received a number of assurance queries from HIW during the period.

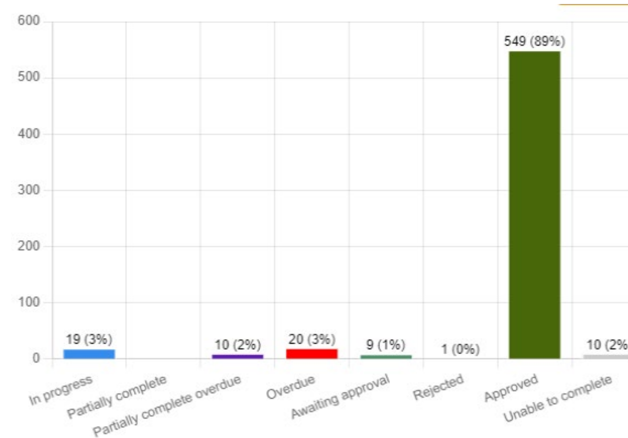
All open HIW / other body inspection actions plans are chased on a bi-monthly basis and escalated if no progress is seen within 14 days. Directorates are able to log into the live Audit Management and Tracking System (AMaT) system and update their own actions and upload evidence of completion.

Directorates are actively supported and engaged with to develop a SMART action plan within a realistic timeframe. HIW expect an update to all action plans on a 3 monthly basis until completion.

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 30/10/2024

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	127/213 (60%)	8/16 (50%)	0	0	19	0	10	20	6	9	1	212

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
21	160/160 (100%)	5/5 (100%)	0	0	0	0	0	0	4	0	0	337

HIW Quality Checks/Inspections: Open reviews and inspections

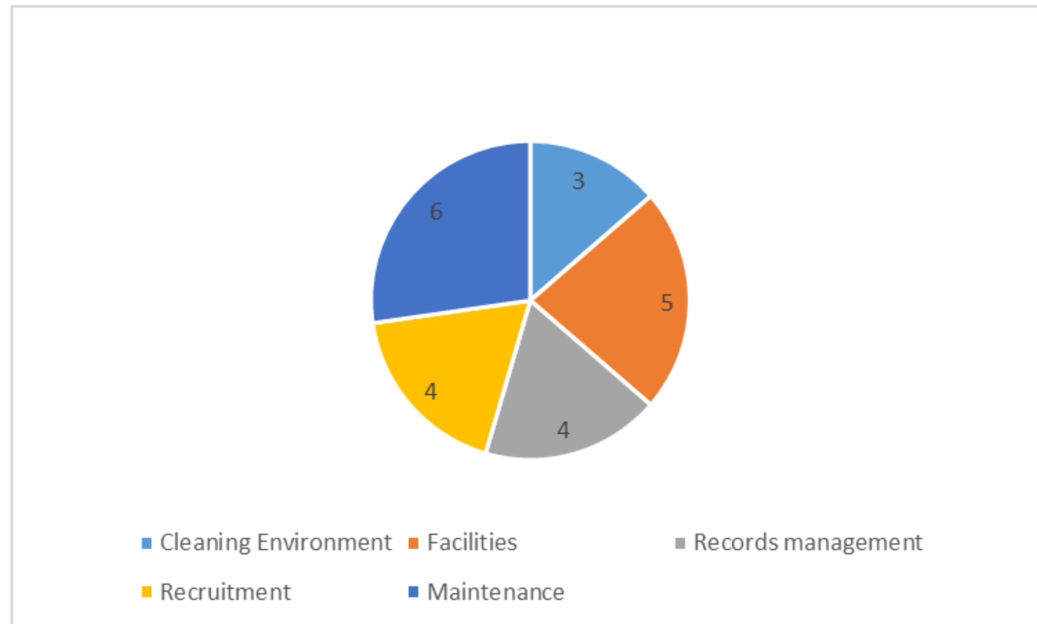
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Code	Title	Type	Date of inspection	Origin	Recommendations	Actio
Healthcare Inspectorate Wales (HIW)/2024/302	Glangwili Hospital – Morlais Ward	New	01/07/2024	Healthcare Inspectorate Wales (HIW)	9	17
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	19
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)/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

HIW Quality Checks/Inspections: Themes from inspections in Mental Health Services

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

The Health Board inspection reports from 2020 onwards have been analysed and scrutinised and service-related themes are reported here:



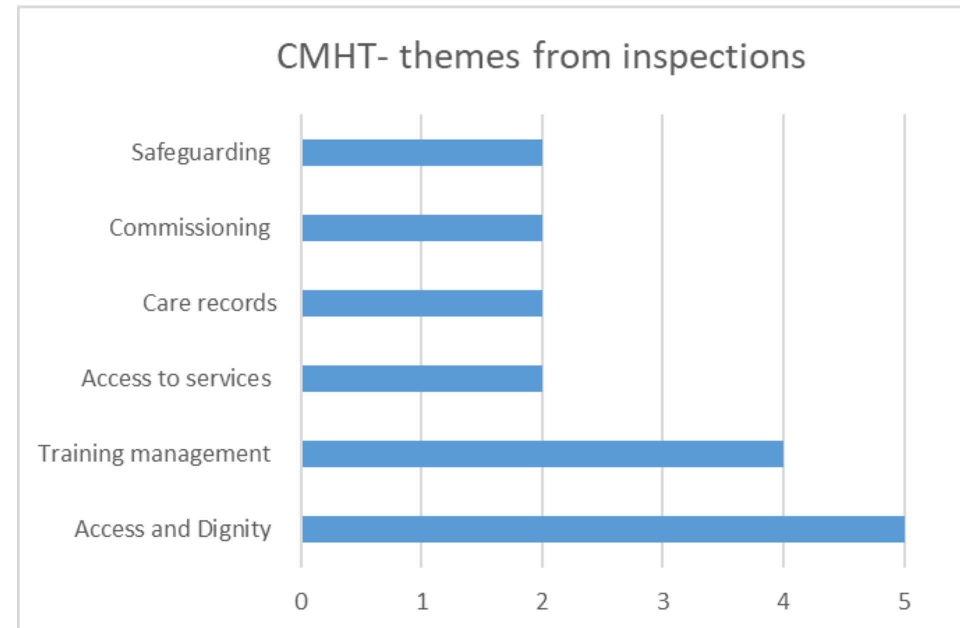
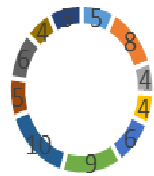


Figure 1: top 5 themes
CMHT- Community Mental Health Team

HIW Quality Checks/Inspections:
Themes from inspections in Primary Care Services

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

GPs Themes of inspections



- Governance
- Health and Safety
- IPCC
- Maintenance
- Medicines management
- Policy management
- Staff management
- Training management
- Welsh Language standards
- Access and digity

HIW Quality Checks/Inspections: Themes from inspections in Acute Services

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

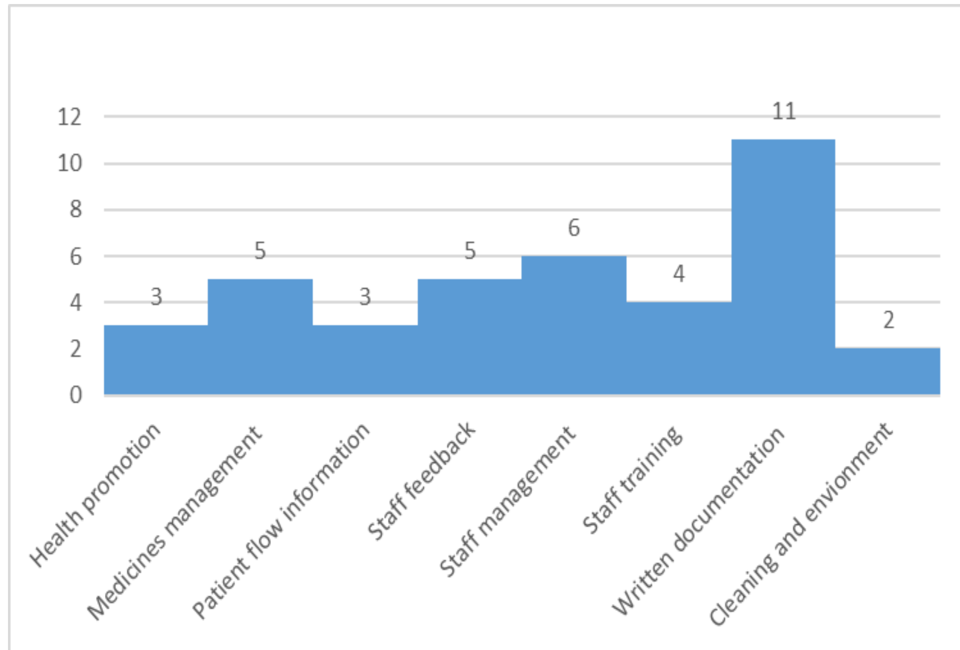
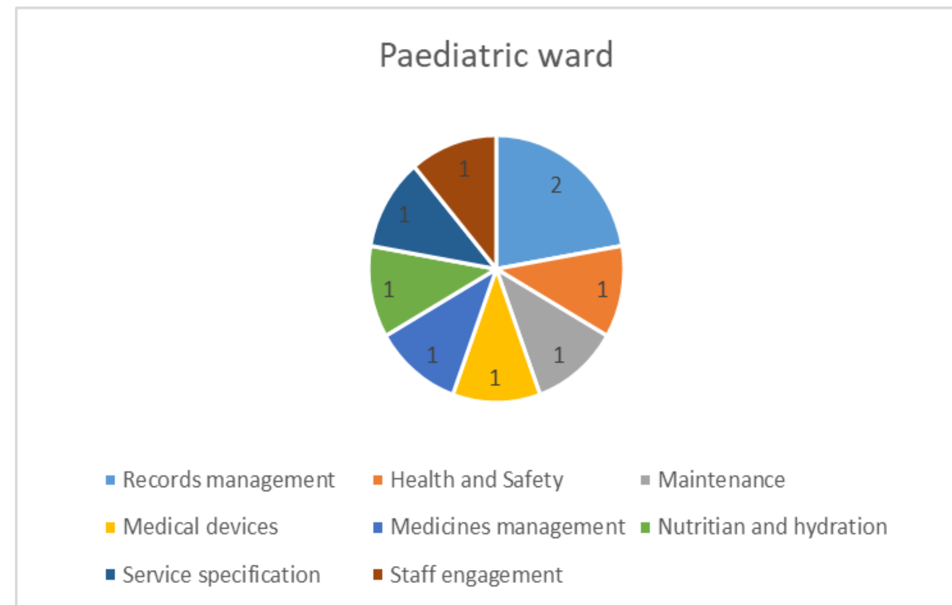


Figure 2: Hospital sites



Quality Impact Assessment

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

The Quality Impact Assessment Panel has met on 12 occasions. The following Quality Impact Assessments have been considered:

- Minor Injuries Unit at Prince Philip Hospital
- St David's Medical Practice
- Tregaron Hospital
- Clinical Services Plan
  - Orthopaedics
  - Dermatology
  - Emergency General Surgery
  - Stroke Services
  - Endoscopy
  - Ophthalmology
  - Radiology
  - Urology
  - Critical Care
- Paediatric services at Bronglais General Hospital (BGH)
- Critical Care Outreach Team – maternity cover
- Safeguarding Team Business Support
- Changes to Ward 9 in Withybush Hospital
- Audiology Services – changes to post
- Audiology Services – maternity cover
- Radiology services – cover at BGH
- Lung AIM service
- Respiratory services - cover in Bronglais Hospital (BGH)

Implementation of Welsh Health Circulars (WHCs)

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- 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 August 2024, when WHCs were last reported to QSEC.
- 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.
- Upon initial receipt of a WHC, the Assurance and Risk Team will contact the relevant service lead in the first instance to confirm the status of compliance and allow 10 working days before adding the report to the Audit Management and Tracking (AMaT) system. During this time, the report remains Amber on the WHC tracker, however, if an implementation date is not provided within this timeframe, the status is changed to Red.
- Updates are provided by service leads via AMaT and a planned implementation date for the Health Board is provided for those WHCs where a specific date is not provided in the guidance itself.
- The status of 24 WHCs currently aligned to QSEC, can be summarised as follows:
  - 9 Red WHCs;
  - 10 Amber WHCs;
  - 4 External WHCs; and
  - 10 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 considered within the Health Board's Escalation Framework under the pillar of "Governance".
- Attached in Appendix 1 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 within stated timescales (Red RAG status)

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

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
006-18	Framework of Action for Wales, 2017-2020 (*Not Available Online)*	01/02/18	Chief Operating Officer	N/K	Scheduled Care - Audiology	No	In progress
033-18	Airborne Isolation Room Requirements	25/07/18	Interim Director of Nursing, Quality and Patient Experience (NQPE)	N/K	NQPE	Requested as part of Capital Programme 2024/25	Not required as at November 2024
009-21	School Entry Hearing Screening pathway	25/03/21	Chief Operating Officer	31/05/2025	Scheduled Care - Audiology	Yes	N/A
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/22	Chief Operating Officer	N/K	Women & Children - Community	No	No
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	TBC (see slide 7)	Medical	No	No
005-24	Private obesity surgery and the Welsh NHS	01/02/24	Director of Allied Health Professions and Health Science	N/K	Therapies – Nutrition & Dietetics	No	TBC
006-24	National Clinical Guideline for Stroke, for the UK and Ireland	21/03/24	Chief Operating Officer	N/K	USC: WGH (Stroke)	No	In progress
020-24	Exemptions for local health boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances	13/05/24	Director of Primary Care, Community and Long Term Care	TBC	Medicines Management	TBC	No
038-24	AMR & HCAI Improvement Goals For 2024-2025	20/09/24	Interim Director of Nursing, Quality and	N/K	NQPE – Infection, Prevention & Control	No	Awaiting update

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

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

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	Implementation has been costed but no formal presentation for funding	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, which 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. 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 (RTT) 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** – There is an initial start-up of £88,607, and thereafter a recurrent annual cost of £83,959. Further 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, and an all-Wales dementia pathway is 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.

This element of the WHC is aligned to Audiology in Scheduled Care. 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. An implementation date for completing this WHC cannot be provided until funding is confirmed. This WHC was not included in the Directorate's annual plan for 2024/25, and a QIA is being undertaken by the Head of Audiology (the completion of which has been postponed due to current capacity).

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

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

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 NQPE	N/K	NQPE	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 has been conducted.

The Health Board's Architectural Projects Team have undertaken a Project Feasibility Report and provided a provisional estimate of cost to install a negative pressure isolation suite in the Clinical Decisions Unit (CDU), Glangwili General Hospital. Out-turn costs have been estimated at £1,419,946.25 (including a contingency fund of £109,416), with a project time of around 48 weeks from project brief development to completion of works. A further engineering survey has been recommended (estimated cost of £5,000) before proceeding further with the project brief. To date, funding has not been allocated for this major capital project. The project lead sits with the Assistant General Manager.

WHC (2018) 033 suggested there was the potential to build an isolation suite/ward in Swansea Bay University Health Board. There are currently no plans to proceed with this as an isolation unit has been built at the University Hospital of Wales, Cardiff, although this unit is not currently functioning as an isolation facility due to a lack of appropriate staffing. Welsh Government commissions NWSSP to carry out an annual review across NHS Wales of compliance with the requirements of Welsh Health Circular WHC (2018) 033. The draft 2023-2024 report has yet to be signed off by Welsh Government but highlights the shortage of compliant facilities in a number of Health Boards. Whilst the issue has been raised at the 'All Wales High Consequence Infectious Disease Group' hosted by Public Health Wales (as a result of the threat of MPOX in the UK) there has been no indication of any central funding being considered to support improvement.

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 facilities within the Health Board that have been upgraded to conform to Negative Pressure Ventilation (NPV) requirements on Bronglais and Glangwili estates (further work required at GGH); 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 over 60 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)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	Implementation has been costed but no formal presentation for funding	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, ensuring compliance with the WHC would be an initial start-up of £88,607, and thereafter a recurrent annual cost of £83,959.

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 school children are 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. Scheduled Care did not include this WHC in their annual plan for 2024/25 and a Quality Impact Assessment (QIA) is currently being drafted, the completion of which has been postponed due to current capacity.

The service intend to provide an implementation date for this WHC once a decision around funding has been agreed.

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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~~ 31/05/2025	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	Yes	Not required

There is currently no 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.

A scoping exercise with School Nursing, Health Visiting and Paediatricians was carried out by the Lead Nurse for Community Paediatrics to collate current provision of the service and identify where there are gaps that are preventing implementation of this WHC. A further action plan has been proposed based on the outcomes of this exercise and an options paper was presented at the Directorate's August 2024 escalation meeting to find a financially neutral way to address service quality and progress this WHC. A nursing post which was identified as part of the options paper was agreed, with the Directorate's General Manager in discussion with service leads and colleagues in finance to re-align existing budgets to support the introduction of this post. The job description is currently in development. It is envisaged that once in post, the Directorate will be able to demonstrate compliance with the requirements of the WHC and subsequently close.

The current 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)

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

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	Interim Medical Director	TBC (Clinical Director of Clinical Effectiveness to propose date)	Medical	N/A	N/A	No	No

A Clinical Director of Clinical Effectiveness was appointed in September 2024, who will attend all national meetings and coordinate the NatSSIPS task and finish group within the Health Board.

NatSSIPS' recommendations will be captured on the Audit Management and Tracking (AMaT) system, with ‘Must Do/Should Do’ actions developed and assigned to relevant teams. 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.

It is expected that 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.

A revised implementation date for compliance with this WHC is currently awaited from the Clinical Director of Clinical Effectiveness based on the development of the above plans.

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
005-24	Private obesity surgery and the Welsh NHS	01/02/24	Director of Allied Health Professions and Health Science	~~Oct-24~~ TBC	Therapies – Nutrition & Dietetics	N/A	N/A	TBC	No

Discussions continue between the Welsh Health Boards and the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) via the National Level 4 All Wales Obesity Group. Draft pathways/protocols have now been drawn up and, as of September 2024, feedback comments from all Health Boards are currently being collated before being able to finalise. However, there is a view that it may not be fit for purpose for every Health Board and further discussions will be held at the next meeting of the National Level 4 All Wales Obesity Group, which is due (a change of the Chair has resulted in a delayed meeting date).

In the meantime, a multi-disciplinary Team has been established within the Health Board who have met and developed guidance/resources for this cohort which has been shared on the global Health Board email for final comments (3 October 2024).

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

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

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	N/K	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	Pending outcomes of Clinical Services Plan (CSP)	In progress

The Health Board has identified Stroke as being one of the nine fragile services that is being reviewed by the Clinical Services Plan (CSP). As such, the 5 key recommendations of this WHC (detailed below) cannot be fully implemented until the outcomes of the CSP have been determined.

Organisation of stroke services: training in early stroke recognition, direct admission to hyperacute stroke units, continuous access to brain imaging, assessment of suspected Transient Ischaemic Attack (TIA) patients within 24 hours, and increased specialist staffing levels. This recommendation has been implemented, albeit that whilst TIA patients are seen within 24hrs Monday-Friday, this is not available during the weekend and increasing specialist staff for stroke can only be achieved by further investment or by re-designing the service in the Health Board (which is being done through CSP).

Acute care: extended reperfusion treatment windows, thrombectomy window extended to over 12 hours, thrombolysis extended to 9 hours with advanced imaging techniques, and timely provision of hyperacute stroke care. The Health Board cannot currently offer CT perfusion as the Radiology staff are not trained to do so, however, this is being addressed through the SSG. Timely provision of hyperacute stroke care is challenging with all 4 sites under extreme system pressure and, due to this, many of the stroke units have other medical patients in their beds. There is also poor flow out of the units, due to a lack of capacity in the community which then leads to newly admitted acute stroke patients not getting to the acute beds within the 4-hour window.

Rehabilitation and recovery: a needs-led, multi-professional approach with a focus on increased physiotherapy, occupational therapy, speech and language therapy, psychological therapy and self-directed therapy practices. This recommendation is being addressed by increased workforce through the CSP.

Long-term management and secondary prevention: identification and modification of risk factors, personalised advice on lifestyle factors, and regular blood pressure checks. Updated guidance on use of Direct Oral Anticoagulants (DOACs) for the management of atrial fibrillation for stroke prevention. An update is awaited.

Life after stroke: holistic reviews, support for psychological and emotional needs, self-management plans, and promotion of social and leisure activities. This recommendation has been implemented as the Health Board has a contract with the Stroke association.

Control measures in place to mitigate Risk 233 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.

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
020-24	Exemptions for local health boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances	21/02/24	Director of Primary Care, Community and Long Term Care	TBC	Medicines Management	N/A	N/A	TBC	No

The WHC was received in August 2024 and following a change in lead officer, awaiting confirmation of compliance. The Assurance and Risk Business partner met with the new service lead in October 2024 to discuss the updates required for this WHC which will be included in the governance report to be presented at the November 2024 Medicines Management Operational Group (MMOG) meeting.

The WHC amendments to the directions specifies the implementation period within which health boards and NHS trusts in Wales must make medicines and other interventions, recommended in National Institute for Health and Care Excellence (NICE) technology appraisals and highly specialised technology assessments, and All Wales Medicines Strategy Group (AWMSG) recommendations, which came into force from 1 May 2024.

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

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

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
038-24	AMR & HCAI Improvement Goals For 2024-2025	20/09/24	Interim Director of Nursing, Quality and Patient Experience	TBC	NQPE – Infection, Prevention & Control	1490	8	TBC	No

As part of the UK 20-year vision to confront and address antimicrobial resistance (AMR), Wales alongside the other three UK nations, is committed to developing a series of five-year national action plans to prioritise actions and direct resources in areas of highest risk. The UK's second five-year national action plan, setting out ambitions and actions for the next five years (2024 to 2029), was published on 8 May 2024. This WHC will remain applicable until replaced by the next iteration in 2025.

The Health Board continues to work towards the 12 improvement goals of the UK National Action Plan to reduce care related illness and resistance to antibiotics. The risk of non-compliance with this WHC continues to be monitored via Risk 1490 - Risk of increased harm to patients due to escalating rates of Clostridioides Difficile Infection (CDI).

Current control measures noted to manage and mitigate this risk include the policy implementation based on current evidence base: control and management; bi-annual Quality Indicator Audits (QIA) e.g. hand hygiene, equipment cleaning, symbiotics score; Antimicrobial Stewardship: CDI Ward rounds, “Start Smart Then Focus”, faecal transplant, PPI monitoring; environmental decontamination: sporicidal disinfectants - DIFFX (manufacturer name) now used across all sites for all cleaning; prompt recognition and reporting to Welsh Government and Infection Prevention Strategic Steering Group (IPSSG) of period of increased incidence/outbreak of CDI; CDI Scrutiny meetings (held on a monthly basis across three acute sites) and CDI ward rounds (occurring weekly); improved medical engagement with “Start Smart Then Focus (SSTF)” audits; engagement with CDI Scrutiny meetings; HPV (hydrogen peroxide vaporisation) commenced on all sites.

As of September 2024, there were 17 cases of C.diff across HDUHB with 13 community onset and 4 hospital onset. Further cases of cross infection identified to a cluster across PPH and GGH. There has been a rise in C-diff cases across Wales with all Health Boards showing a deteriorating picture.

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
041-23	Wales rare diseases action plan refresh 2022 to 2026	05/01/24	Interim Medical Director	Dec-26	Medical	No- no funding required	N/A
002-24	Standards for Competency Assurance of Non-Medical Prescribers in Wales	04/03/24	Director of Primary Care, Community and Long Term Care	Mar-26	Medicines Management	No- no funding required	N/A
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
039-24	Pre-Transfusion Sample taking Compliance with the confirmatory sample rule	03/10/24	Chief Operating Officer	TBC (awaiting confirmation)	Pathology	TBC	No
040-24	Adopting a patient and family-initiated escalation approach	03/10/24	Interim Director of Nursing, Quality and Patient Experience	TBC (awaiting confirmation)	Nursing	TBC	No
041-24	Ambulance patient handover guidance	29/10/24	Chief Operating Officer	TBC (awaiting confirmation)	6 Goals Programme	TBC	TBC

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

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

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	Reason for 'external' status
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	National work around this transformational model was suspended due to the COVID-19 pandemic and has never progressed further. Currently the Primary Care quality and delivery measures within the new dashboards are being used as equivalent quality indicators.
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	The roll out of this high-cost drugs reporting system will be managed by the All Wales Blueteq Steering Group, with management support from the All Wales Therapeutics & Toxicology Centre on behalf of Welsh Government. The Health Board has representation on the Blueteq Steering Group, with national drug approval templates in development. Information Governance issues have delayed implementation.
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	The service is currently compliant with all aspects of this WHC apart from the data capture requirements, for which no national system is currently available. An all-Wales data system is awaited.
035-24	Standardising the management of acute deterioration	17/09/24	Interim Director of Nursing, Quality and Patient Experience	N/K	NQPE	No	N/A	The NHS Wales Executive is working with Health Boards on implementation, providing guidance and strategic support, as well as monitoring progress and providing national updates to Welsh Government. Local updates will be provided through integrated quality, planning and delivery meetings. The Health Board's Acute Deterioration & Resuscitation Lead has confirmed that the first All Wales event, organised by Safe Care Collaborative (NHS Executive), is being held on 22/10/2024, following which, an implementation date will be decided upon.

WHCs which have been closed (implemented) since August 2024 (Green RAG status)

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

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/22	Chief Operating Officer
031-23	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	22/08/23	Interim Director of Nursing, Quality and Patient Experience
045-23	Recording of Dementia Read codes (extension to WHC/2022/007 – Recording of Dementia Read codes) published in February 2024	21/02/24	Director of Primary Care, Community and Long Term Care
004-24	Assurance of aseptic preparation of medicines in NHS Wales	20/02/24	Director of Primary Care, Community and Long Term Care
010-24	Welsh Sustainability Awards- New Date	27/02/24	Director of Communications
011-24	Changes to dietary advice on feeding young children aged 1-5 years	06/03/24	Director of Allied Health Professions and Health Science
012-24	Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement	19/03/24	Interim Director of Nursing, Quality and Patient Experience
024-24	Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	17/05/24	Director of Workforce & OD
027-24	All Wales Critical Care Escalation Guidance for the Management of All Large Unplanned Increases in Demand	19/06/24	Chief Operating Officer
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 (QSEC) is asked to note the contents of this report.

QSECis asked to take assurance that processes are in place to review, monitor and improve the quality of our service through:

- Our Quality Management System
- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Nurse Staffing Levels (Wales) Act 2016
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Quality Impact Assessments
- Welsh Health Circulars

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