



Quality and Safety Assurance Report

QSEC Meeting August 2022

Situation

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

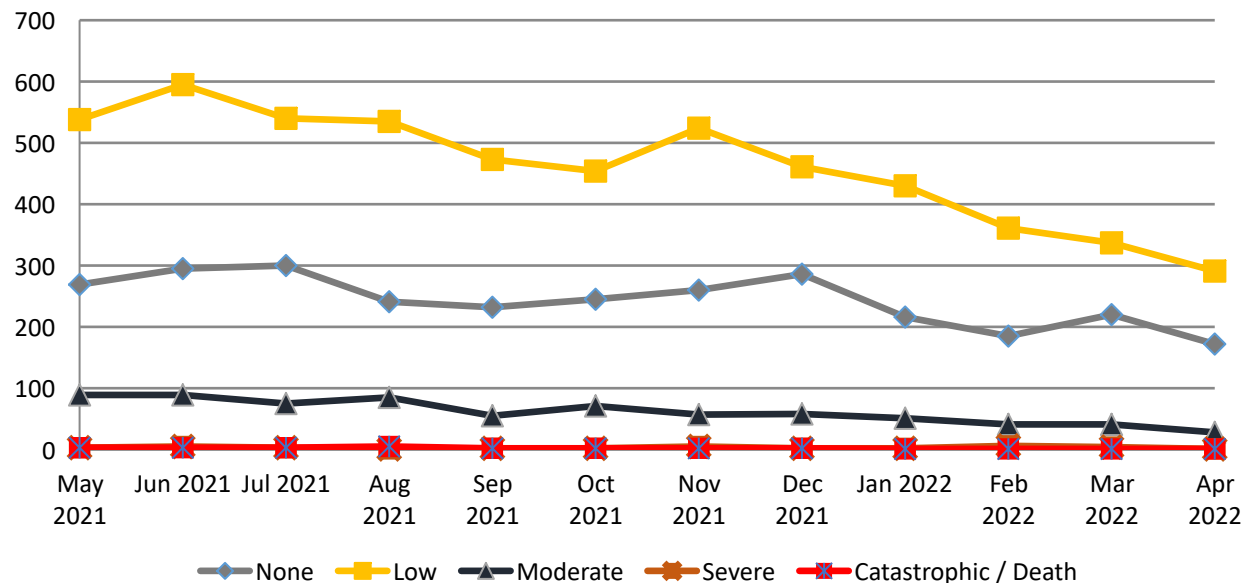
The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.

This report provides information on concerns including patient safety incidents, externally reported patient safety incidents, nosocomial COVID-19 infections and mortality reviews, Walkrounds, Nurse Staffing Act, and Healthcare Inspectorate Wales (HIW) Inspections.

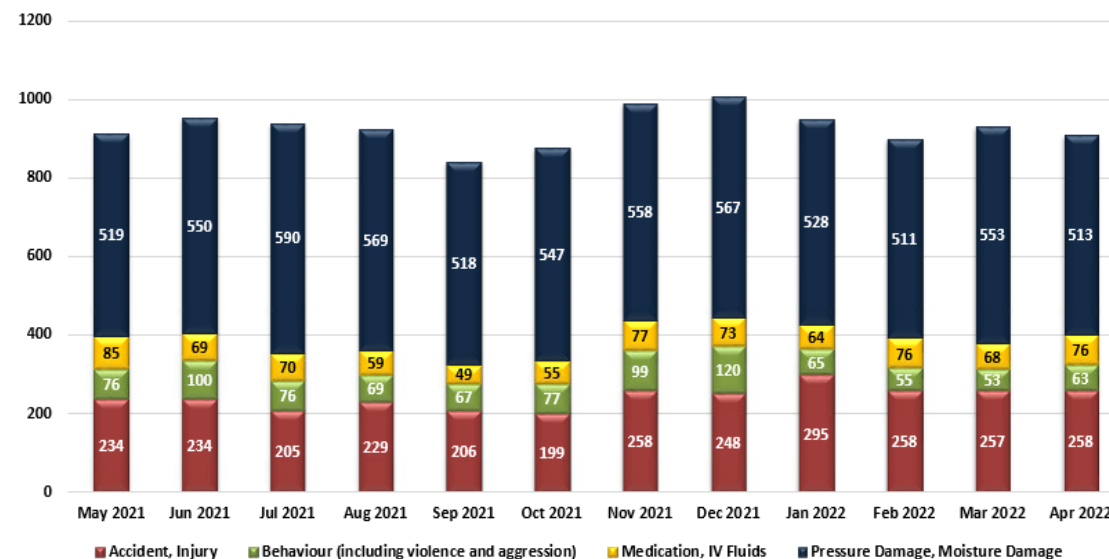
Incident Reporting – 1st May to 1st April 2022

In May and June 2022, 2,791 incidents were reported of which 2,396 were patient safety related

Incidents by Date Reported (Month and year) and Severity of Incident



Top 4 Patient Safety Incidents



There were 16,898 Patient Safety Incidents reported on the new system between 1st July 2021 and 30th June 2022

The introduction of DatixCymru in April 2021 has altered the way in which severity of harm is reported. The new system allows the opportunity for the reporter to grade the harm to the person affected (which cannot be changed) and then on closure following investigation the actual harm to the person affected is recorded by the investigator. The run chart above shows the severity of the patient safety incident following investigation.

Of the 16,898, 9,177 have been closed and 4,327 have had the severity amended. 2,876 Incidents were downgraded whilst 1,360 were upgraded.

Nationally Reportable Incidents

Open NRI - Type	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1**	Total
Access, Admission	0	0	4	2	6
Assessment, Investigation, Diagnosis	0	1	0	3	4
Behaviour (including violence and aggression)	1	2	1	1	5
Infection Prevention and Control	1	0	0	0	1
Maternity adverse occurrence	1	0	0	1	2
Medication, IV Fluids	0	0	1	0	1
Patient/service user death	0	2	6	8	16
Pressure Damage, Moisture Damage	0	0	0	4	4
Treatment, Procedure	1	0	1	1	3
Accident, Injury	0	0	0	1	1
Monitoring, Observations	0	0	0	1	1
Total	4	5	13	22	44

* temporary change to reporting. Revised Serious Incident Framework introduced on 14/06/2021

** data not for full financial quarter

Scrutiny of all incidents reported undertaken by the Quality Assurance Information System (QAIS) Team on a daily basis. This ensures that any incidents that may be low harm but that meet the requirement to report nationally are identified e.g. Never Events.

Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the QAIS Team are reviewed by the Patient Safety Team. An Incident Management Group is arranged with the Triumvirate to:

- Review and consider the findings of the initial scrutiny of the incident
- Identify any immediate actions required to mitigate the risk of re-occurrence
- Confirm Duty of Candour arrangements have been made and agree the lead for further Duty of Candour discussions
- Set the Terms of Reference (ToR) for the investigation
- Agree the lead Investigator and supporting investigation team
- Identify any risks associated with the incident
- Lay out arrangements for any further investigation team meetings
- Confirm timescales for the investigation (this will be between 30 and 60 working days)

Report of themes and trends in reporting provided to Head of Quality and Governance, Assistant Director of Nursing and Associate Medical Director.

Between 1st April and 31st May 2022, 17 reportable incidents were reported to the Delivery Unit.

A patient safety incident is nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected that an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm.

The following specific categories of patient safety incidents must be reported:

- a) Suspected homicides where the alleged perpetrator has been under the care of mental health services in the past 12 months
- b) In-patient suicides
- c) Maternal deaths
- d) Never Events ([2018-Never-Events-List-updated-February-2021.pdf \(england.nhs.uk\)](#))
- e) Incidents where the number of patients affected is significant such as those involving screening, IT, public health and population level incidents, possibly as the result of a system failure
- f) Unusual, unexpected or surprising incidents where the seriousness of the incident requires it to be nationally reported and the learning would be beneficial

We are also required to report the following in specific circumstances:

- Pressure Ulcers (avoidable - Grade 3 / Grade 4 / Unstageable)
- Unexpected deaths in the community of patients known to MH&LD Services
- Safeguarding
- Procedural Response to Unexpected Death in Childhood (PRUDiC)
- Abuse / Suspected Abuse
- Healthcare Acquired Infections (HAIs)

Nutrition and Hydration Improvement

Nutrition Champions relaunch

The Quality Improvement and Dietician Team are relaunching our Nutrition Nurse Champions across the Health board. A number of education sessions have taken place focusing on the following aims & objectives:

- Skills and knowledge to improve nutrition and hydration outcomes for our patients and staff wellbeing
- Use of screening as a framework to support the delivery of safe and effective care
- Increase awareness of good and essential mealtime practice and the importance of nutrition
- Relaunch of our 5 processes nutrition and hydration daily data collection tool

The feedback has been very positive from our champions and there are further educational sessions in the August/September 2022.

Projects across Hywel Dda University Health Board

A&E/ MIU waiting area scoping – Health board wide

Post Nutrition and Hydration Group The Quality Improvement Team have recently engaged in undertaking observation in practice in our Accident and Emergency (A&E) / Minor Injury Unit (MIU) waiting areas across our health board looking at nutrition and hydration resources available and signage to them for patients. Ongoing data is being collected in Glangwili General Hospital (GGH) A&E and process mapping of their triage process is being undertaken. Our newly appointed Dietetic Clinical Lead for Integrated Care Multidisciplinary Team (MDT) / Acute Response Team (ART) is also engaged and supporting front door Nutrition screening.

Puffin Ward – Withybush General Hospital (WGH)

The Quality Improvement Team have engaged with Puffin Ward at Withybush General Hospital (WGH) to improve patients weights being transcribed onto patients medication charts within 24 hours of admission. Within this project, the team have used Plan Do Study Act (PDSA) throughout and a number of tests of changes have been implemented. The benefits for weights being transcribed onto the prescription chart within 24hours enables all staff to deliver safe, timely and efficient care; for example correct doses of medications are prescribed and administered to patients as they have been calculated against their weight.

This project is now being rolled out to the Acute Clinical Decision Unit (ACDU) and Ward 3 which is the Frailty Assessment Unit at WGH.

The All Wales Dementia pathway- Hospital Charter – Bronglais General Hospital (BGH)

The Quality Improvement Team and Malnutrition Strategic Lead Nurse have engaged with a project at BGH focusing on Improving Nutrition and Hydration for people living with Dementia in our acute Hospitals. This project is in its early stages and observations/ data collection are currently taking place on our initial wards within the project, including Ystwyth and Ceredigion Wards.

Nosocomial COVID-19 infections

The Quality Assurance and Safety Team continue to progress the review of each patient with nosocomial COVID-19 infection with the All Wales review toolkit being used as the starting point for each review.

Where it is assessed or suspected that an action or inaction, has, or is likely to have caused or contributed to the patient's unexpected or avoidable death, or caused or contributed to severe harm to the patient, a proportionate investigation is also undertaken in line with Putting Things Right.

The Health Board has commenced the required reporting to the NHS Wales Delivery Unit. Recovering patients with indeterminate nosocomial infection are now included in the review criteria. Previously the QSEC have received the number of in-patients who test positive for COVID-19 within 28 days of their death. This figures in this report include the recovering patients as well as deceased patients.

Key Highlights

- The Corporate Assurance Nosocomial (CAN) COVID-19 Scrutiny Panel has continued to meet to consider the findings of the reviews undertaken. Presentation to Quality Panel with Clinical Executives. Terms of reference for Scrutiny Panel and Strategic Oversight Group have been agreed by Quality Panel.
- Contact has been made with the Hywel Dda Community Health Council (CHC) and proposed letter to families following telephone contact shared. Feedback received and template letter updated
- Communication with families of deceased patients underway.
- Internet page available providing advice to members of the public.

Hospital onset - indeterminate	specimens taken on days 3 to 7 of admission
Hospital onset - probable	specimens taken on days 8 to 14 of admission
Hospital onset - actual	specimens taken >14 days after admission

Upcoming activities

- Recruitment continuing.
- CAN Scrutiny Panel meeting bi-weekly.
- Executive Team to received report from Strategic Oversight Group and Scrutiny Panel
- Advertising for expressions of interest for clinical lead.

Risks

Recruitment for COVID-19 review team continues to be a challenge. Second round of recruitment did not identify any suitable candidates. Quality Assurance and Safety Team, supported by the use of bank staff (nurses and other Allied Health Professionals) continue to progress the reviews whilst the recruitment to the COVID-19 review team continues.

	Wave 1 (27/2/2020 - 26/7/2020)	Wave 2 (27/07/2020 - 16/05/2021)	Wave 3 (17/05/2021 - 19/12/2021)	Wave 4 (20/12/2021 - 30/04/2022)	Live 01/05/2022 -
Total Incidents	124	1000	483	646	130
Under Investigation	24	507	52	62	0
Not Started	100	493	431	584	130

Figures as at 05/07/2022

Mortality Review Data April – June 2022

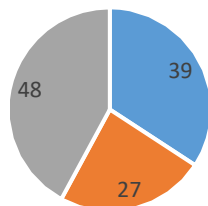
The Health Board has implemented a new mortality review process which is in line with the All Wales Learning from Mortality Review Model Framework. Since implementation, 436 mortality referrals have been received from the Medical Examiner (ME) for further consideration and screening by HDUHB.

Over 400 cases including 119 backlog cases have been screened and considered by the level 2 panel.

The panel may decide that:

- A. There is already an existing process underway which will effectively address the issues raised in the ME referral
- B. The case can be closed to further investigation at Level 2 under the MR process
- C. The case requires a more in-depth investigation under Level 3: Proportionate Investigation.

Backlog cases that have been screened with recommended outcomes



■ Recommended for Category A
 ■ Recommended for Category B
 ■ Recommended for Category C

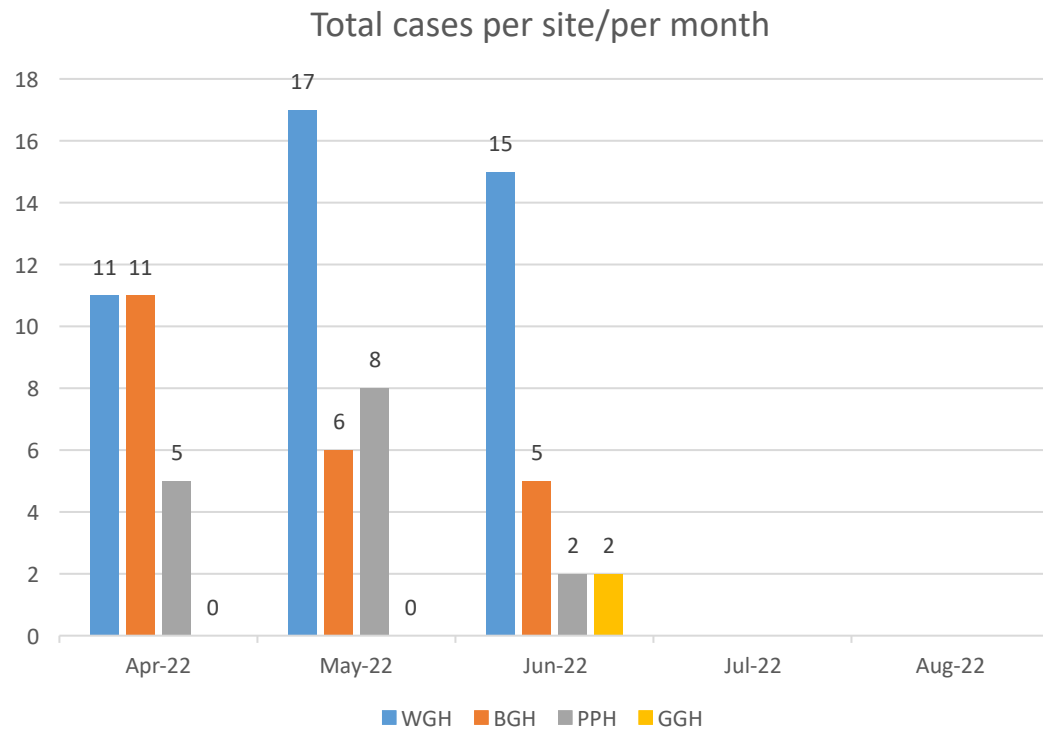
Data collection commenced April 2022

The table below demonstrates the total number of deaths reviewed by the ME each month and the number/percentage of cases that are received back to the Health Board for consideration of further screening.

2022 - 23 Mortality Data	Apr-22	May-22	Jun-22
Mortalities reviewed by MEO Monthly	116	115	Awaiting number from ME
ME referrals received by HB Monthly	27	31	24
Percentage	23%	27%	

Future data collection will include results from proportionate investigations for theme analysis and learning.

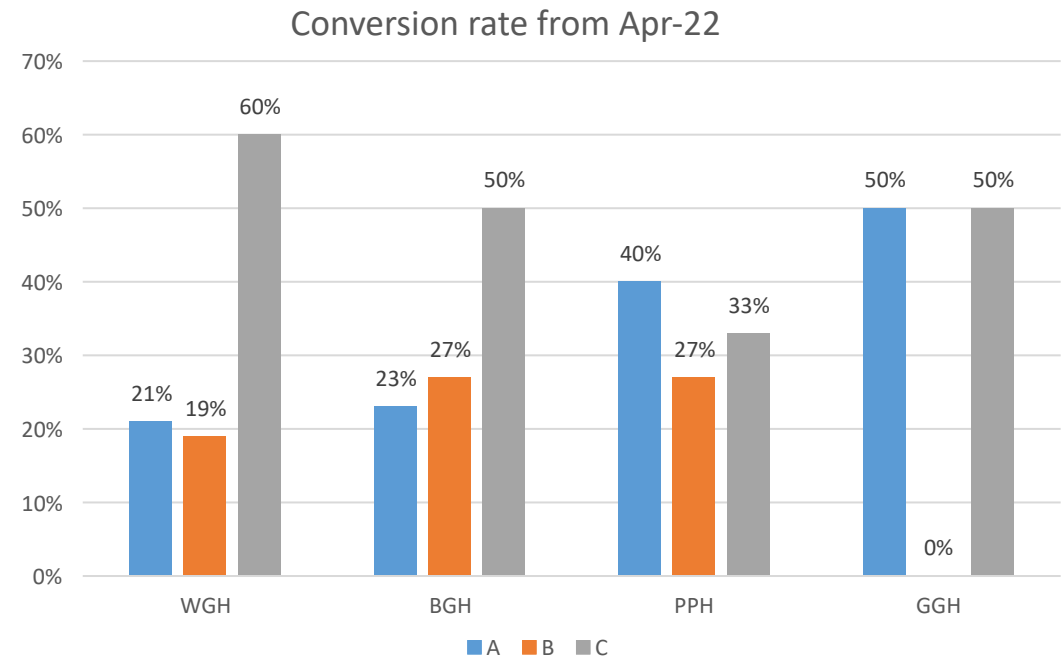
Data collated since April 2022 which shows how many cases HDUHB have received from the Medical Examiner for consideration of further screening.



The graph below shows the conversion rate of cases and their categories which have been discussed and agreed at the Mortality Review MDT panels.

Included is the percentage rate of categories per site as classified below:

- A-** The case is being managed in an existing process
- B-** The case can be closed to further review
- C-** The case requires further Proportionate Investigation



WalkRounds™

The aim of a Patient Safety Leadership Walkrounds™ is to demonstrate the strong commitment by senior managers to *a culture of patient safety* and as a result the senior leaders become better educated on the concerns of the frontline and can benefit from opening communication channels identifying and thus opportunities for improving safety.

Walkrounds™ recommenced in May 2022 and to date the services visited include Withybush Emergency Department and Pembrokeshire Community Maternity and Midwife Led Unit Birth Centre, Glangwili Emergency Department and Dewi Ward, Bronglais Minor Injuries Unit and Maternity Unit and the Community Dental Services. Further visits are planned through the summer to Glangwili Maternity Department, Glangwili Cardiac Pathway and the Stoke Pathway at Prince Philip Hospital amongst other services.

Snapshot of Issues identified during recent Walkrounds™

- Out of hours dispensing of medication to take home for patients in the Emergency Department
- Patient flow and communication between specialty teams
- Signage for patients and visitors
- Targeted recruitment of staff

HIW Quality Checks/Inspections: summary for 7 June to 19 July 2022

New Quality Checks/Inspections & Reviews

Area of Review	Recommendations	Update
Bryngofal ward, PPH (awaiting publication)	TBC	An unannounced inspection took place on 11 th July 2022. The verbal feedback highlighted no immediate concerns and the recommendations relate to maintenance and refreshing environment, reorganisation of clinical room and the use of an office for staff, the provision of a fridge for patient use, consideration of staff uniforms on escort, training records, medication records and highlighting attention to the Consultant Psychiatrist and the Psychologist posts currently vacant.
Ward 7 PPH (awaiting publication)	19	The inspection took place in November 2021 whereby 19 recommendations were raised on matters such as workforce, medicines management, governance and leadership, Infection prevention and risk and health and safety. The recommendations will be tracked via the QAST team and as of the date of collating this report 1 recommendation remains outstanding in relation to staff training with a completion date of September 2022.
National Review of Mental Health Crisis Prevention	19	This final report into the national review was published in March 2022 involved services benchmarking themselves against the recommendations suggested. The improvement plan was submitted 27 th May 2022 which requires some redesign of pathways of care and development of services, communication and engagement with primary care services and development of some staff roles and recruitment into new staffing models. The completion date for recommendations is March 2023.
Ystwyth Medical group Quality Check	0	The quality check took place on 7 February 2022. The review covered environment, infection, prevention and control and governance and staffing. The report made no recommendations of the service.
National Review of Stroke Pathways	0	The Health Board's contribution to this review, an onsite inspection, took place at Bronlais Hospital between 28 – 30 th March and 16 th May 2022 for the clinical areas. HIW also interviewed the corresponding staff at PPH, GGH and WGH for Stroke and Patient Flow. We now await feedback and the final All Wales report is expected to be available towards the end of 2022.
Llandovery Hospital Quality Check	0	The quality check took place on 15 March 2022, following postponement from 2021. The review covered environment, infection, prevention and control, governance and staffing, and some aspects of COVID-19 management. The report made no recommendations of the service.

HIW Quality Checks/Inspections: continued

Update on previous Quality Checks/Inspections/ Reviews

Area of Review	Recommendations	Update
Tregaron Community Hospital	29	An on-site inspection was undertaken on 7 th and 8 th September 2021, whereby 29 recommendations were raised on matters including patient experience, delivery of safe and effective care and quality of management and leadership. At the point of collating this report, there are 2 recommendations open with completion dates of August and September 2022.
HIW Ionising Radiation (Medical Exposure) Regulations (IR(ME)R July 2021 WGH	40	The improvement plan included access to services, listening to feedback, staff training and some All Wales actions. At the point of collating this report there is 1 recommendation open linked to an All Wales piece of work with n expected completion date of October 2022.
Welsh Ambulance Services NHS Trust Acute improvement plan	31	This Welsh Ambulance Service improvement plan dating from September 2021 includes recommendations that affect or impact and require action for Acute / Emergency services and departments. At the point of writing this report there are 8 recommendations open for sites to take forward. Services are actively chased to complete these actions in a timely manner.
Withybush General Hospital, St Caradog Ward	4	This improvement plan details recommendations in relation to Fire Safety and Health and Safety. There remain 3 recommendations open at the point of collating this report. The service and Estates are actively chased to complete these actions in a timely manner.
Glangwili General Hospital Morlais Ward Quality Check	8	This onsite Quality Check was undertaken in April 2021. The improvement plan covers staff training, analysis of restraint incidents and patient safety incidents to improve services and evidence of cleaning audits. There remain 3 recommendations open with dates for completion of June 2022, the service and Estates are actively chased to complete these actions in a timely manner.
HIW IR(ME)R Remote Inspection April 2021	17	The improvement plan included staff training, Health Board procedures and policies, detailed analysis of patient safety incidents and unintended exposures, audit programme work, listening to feedback and informing patients of waiting times. At the point of collating this report there is 1 recommendation open. The service is actively chased to complete these actions in a timely manner.

HIW : Additional Information

Current position

As of the date of this report there are a total of 12 reports or inspections with 53 recommendations open. These continue to be tracked by the QAST team to completion.

Services of Concern: New HIW Process

As advised in the December meeting, the Health Board received a proposal document from HIW in July 2021, outlining their intention to implement a Service of Concern process, and supporting process guidance. Previously, HIW followed an internal escalation process when an issue of concern came to their attention. The new proposal is to formally use a Service of Concern designation when HIW identifies significant singular service failures, or cumulative or systemic concerns regarding a service or setting.

It is intended that a Service of Concern designation will increase transparency around how HIW discharges its role and ensure that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided. The Health Board provided its responses to the consultation in September 2021, and the process is now in force as of 15th November 2021. Further information can be found online: [Service of Concern Process for NHS Bodies in Wales \(www.hiw.org.uk\)](http://www.hiw.org.uk)

Risks and Mitigations

- All correspondence received by third parties such as the Welsh Government, the Delivery Unit or Health Inspectorate Wales in relation to their activity is logged on receipt by QAST.
- A robust process is in place for co-ordinating and quality checking responses, including gaining executive approval of HIW submissions, by the required deadlines.
- Recommendations arising from HIW et al such as immediate assurance plans or final reports are in the process of being migrated into the new Audit Management and Tracking (AMAT) software, in the meantime, QAST are pursuing services for updates in advance of any due date.
- The QAST team are supporting services to develop their improvement plans going forward.
- QAST are providing updates for reporting to every Audit and Risk Assurance Committee (ARAC) meeting.
- HIW activity forms part of the quality governance arrangements within Directorates.

Nurse Staffing Levels (Wales) Act 2016 (NSLWA)

- **Update:** the extent to which the planned roster has been maintained within S2B wards (acute adult inpatient medical/surgical wards and paediatric inpatient wards) for April –June 2022 is set out in the below table (as at 11th July 2022).

S2B wards	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
BGH	958	535 (55.85%)	5 (0.52%)	70 (7.31%)	348 (36.33%)	87.73%
PPH	1252	720 (57.51%)	32 (2.56%)	190 (15.18%)	310 (24.76%)	98.27%
GGH	3588	702 (19.57%)	40 (1.11%)	1782 (49.67%)	1064 (29.65%)	93.37%
WGH	1572	728 (46.31%)	36 (2.29%)	88 (5.6%)	720 (45.80%)	86.37%
Paediatrics	344	297 (86.34%)	37 (10.76%)	0 (0.00%)	10 (2.91%)	94.51%
TOTAL	7714	2982	150	2130	2452	92.39%
		38.66%	1.94%	27.61%	31.79%	

- The planned roster was met and deemed appropriate 38.66% of the total shifts recorded (Day and night duty), with night duty showing better compliance with planned roster than day time shifts. This would be expected as night time shifts are the shifts of greatest risk and thus would be staffed as the priority operationally, however, it is noted that a significant number of these shifts would be covered by bank and agency staff.
- There were 27.61% where the planned roster was not met but the number of staff on duty were deemed to be appropriate to meet the care needs of the patients during that shift
- 31.79% of the shifts (day/night) where the planned roster was not met and it was deemed that the number of staff on duty was insufficient to meet all the care needs of patients.

NSLWA - Risks & Mitigations

- “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 judgement 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”.
- 2-3 times daily staff planning and patient flow meetings to ensure appropriate staffing levels are in place
- Clinical site management teams and on call arrangements in place to provide 24/7 management and leadership
- Systems in place where by risk assessments are undertaken taking into account patients’ needs (acuity) versus the available staff (both substantive and temporary), staff’s knowledge and team.
- Mechanisms in place to ensure deployment of staff to ensure appropriate clinical skills
- Deployment of staff deemed to be supernumerary/non-rostered to provide direct patient care
- The impact of not maintaining the nurse staffing levels is considered as part of the investigation of key quality incidents (falls, pressure damage, medication errors and complaints), reviewed via local scrutiny processed and discussed as part of each nurse staffing level calculation cycle. The Spring 2022 cycle identified wards who were working with key teams to undertake improvement work, for example working with the Quality Improvement Team on falls improvement work and who had seen a small reduction in the number of falls as a result. A number of wards noted that they use ‘bay watch’ where by a member of staff is allocated to a bay and remains in the bay at all times.
- For the period April – June 2022, there was 20 closed incidents where the nurse staffing levels were not maintained and it was deemed to be a contributory factor to the incident (18 falls and 2 incidents of pressure damage). 17 of the incidents resulted in harm being documented as none/low level of actual harm, with the remaining 3 noted to be moderate. Of the 3 incidents resulting in moderate harm (1 fall and two pressure damage), the fall was deemed to be low harm following investigation. There was evidence of appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk in all three.

Review of Quality Governance Arrangements: background

Audit Wales “found that the Health Board is committed to providing safe, high quality services and has aligned its strategy and plans with risk and quality improvement. While corporate structures and resources provide effective support for quality governance and improvement, inconsistencies in operational arrangements and weaknesses in operational risk management limit the provision of assurance. Monitoring and scrutiny of the quality and safety of services is being strengthened through increased use of quality outcome measures.”

Audit Wales made a number of recommendations. The Health Board have developed an action plan in response to the recommendations. The specific recommendation relevant to this report is recommendation 2:

“There are inconsistent leadership arrangements at an operational level for assurance, risk, and safety across the Health Board. The Health Board should either strengthen current arrangements where staff resources for assurance, risk and safety are managed by directorates to improve consistency, or move to a model where those staff are managed centrally, ensuring that support available to the operational teams is consistent across the Health Board.”

Management Response

In response to this recommendation, the Health Board agreed to undertake a review by 31st December 2022 “to enhance the capacity across operational and corporate teams to ensure a consistent approach to managing assurance, risk and safety. It is possible there will be a financial impact of the review and therefore this will need to be considered as part of the Integrated Medium Term Plan (IMTP) for 2022-23.”

By 31st March 2022, the Health Board agreed to:

- Undertake an assessment of the current approach, both corporately and operationally, to quality governance (including managing assurance, risk and safety).
- Continue to meet with Directorates on a six monthly basis to discuss and scrutinise the risk registers
- Through the operational business structure, discuss consistency of operational teams risk registers



Review of Quality Governance
Arrangements – Hywel Dda University
Health Board

Audit year: 2019
Date issued: October 2021
Document reference: 2583A2021-22



The Audit and Risk Assurance Committee received and considered the final [report](#) at the meeting on 19th October 2021

Review of Quality Governance Arrangements: methodology

to the “...assessment of the current approach, both corporately and operationally, to quality governance”

- Using MS Forms, a questionnaire was circulated to Directorates teams for completion from a Directorate perspective.
- Directorates were asked to cascade to the services / specialities within their area of responsibility for completion from a service / specialty perspective
- Example questions:
 - Within your Directorate, do you have roles with dedicated time for an area of quality governance?
 - Do you have sufficient resource in the Directorate/Service to ensure that quality and safety is a priority? Please give further detail to support your response.
 - Do you think there is sufficient resource within the corporate teams to support your Directorate/Service with the quality governance agenda? Please give further detail to support your response?
- The findings will be presented, in the first instance, to Andrew Carruthers, Mandy Rayani, Phil Kloer and Jo Wilson on 8th August 2022.

Implementation of Welsh Health Circulars (WHCs)

- This 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 February 2022, when WHCs were last reported to QSEC.
- The report also details the status of all outstanding WHCs by using a RAG system. It is noted that since the previous update to QSEC, the reporting requirements on WHCs have been strengthened. WHCs are not always clear in terms of implementation timescales, a result of which previously these were reported as “Amber” (i.e on schedule). The Assurance and Risk Team have been seeking updates from leads on these WHCs to determine the planned date for implementation by the Health Board where a specific date is not provided in the guidance itself. The following RAG status is now 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,
 - **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place.
- As a result of this work, there are 11 WHCs which were previously reported as ‘amber’ that are now rated as ‘red’. It is noted that operational demands and pressures have impacted on services’ ability to reply to requests for implementation dates, however the Assurance and Risk Team will continue to seek updates on progress on the implementation of these WHCs as part of the bi-monthly service update process, and will also raise these at local Quality Governance meetings going forward. We will also be including progress of WHCs going forward at the Senior Operational Business meetings.
- Attached in Appendix 1 is an update in respect of the WHCs that fall under the remit of QSEC.

WHCs closed (implemented) since February 2022 (1-9 of 14)

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	11/03/2021	Director of Public Health
019-21	The National Influenza Immunisation Programme 2021-22	04/08/2021	Director of Public Health
021-21	Introduction Of Shingrix® For Immunocompromised Individuals	27/08/2021	Director of Public Health
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Director of Public Health
048-17	Attaining the World Health Organisation (WHO) targets for eliminating hepatitis (B and C) as a significant threat to public health	16/10/2017	Director of Public Health
026-21	Overseas Visitors' Eligibility To Receive Free Primary Care	06/10/2021	Director of Primary Care, Community and Long Term Care
027-21	NHS WALES BLOOD HEALTH PLAN	27/09/2021	Director of Operations
028-21	Anti Microbial Resistance (AMR) & Healthcare Associated Infections (HCAI) IMPROVEMENT GOALS FOR 2021-22	27/09/2021	Director of Nursing, Quality and Patient Experience
030-21	Referral guidelines for Urological conditions: Erectile Dysfunction, Male Lower Urinary Tract Symptoms (LUTS), Recurrent Urinary Tract Infections (UTI), Scrotal Swellings, and Urinary Incontinence in women.	01/10/2021	Director of Primary Care, Community and Long Term Care

WHCs closed (implemented) since February 2022 (10-14 of 14)

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
032-21	Role and Provision of Dental Public Health in Wales	16/11/2021	Director of Primary Care, Community and Long Term Care
033-21	Role and Provision of Oral Surgery in Wales	14/12/2021	Director of Primary Care, Community and Long Term Care
007-22	Recording of Dementia READ codes	15/02/2022	Director of Primary Care, Community and Long Term Care
010-22	Reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza (flu) Vaccination Programme	29/03/2022	Director of Public Health
011-22	Patient Testing Framework – Updated guidance	24/03/2022	Director of Public Health

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
006-18	Framework of Action for Wales, 2017-2020	23/11/2016	Director of Operations

An update on the Hearing Well Project Board action plan was provided to WG in March 2022. All areas are being progressed and a considerable amount is fully implemented but there are some areas that are awaiting outcomes from IMTP submission before they can be progressed any further. It is anticipated that this Framework will be extended to 2023, however no formal confirmation obtained from WG to date.

An SBAR is due to be presented to the Operational Quality and Safety Experience Sub Committee scheduled for 7th July 2022. A risk is being drafted by the service in relation to the implementation of this WHC. Due to uncertainties around implementation date for this WHC, it is being reported as red based on current reporting thresholds.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Director of Primary Care, Community and Long Term Care

The Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established. Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work is currently suspended due to COVID-19. In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Director of Public Health/Director of Primary Care, Community and Long Term Care.

The Assistant Director of Primary Care will progress the action for this in view of Primary Care detail. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion confirmed there is no further update from her perspective. In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
033-18	Airborne Isolation Room Requirements	29/09/2020	Director of Nursing, Quality and Patient Experience

The Short life working groups initial recommendations now need to be reviewed by the service to agree best location for facility as, clinical teams do not deem this to be critical care in BGH. Agreement to draft further options appraisal for discussion at the Ventilation Group prior to the Executive Team scheduled for Quarter 1 2022/23. The remedial work to the two Positive Pressure Ventilation Lobby rooms (PPVL) facilities in A&E BGH and Critical Care GGH is now complete. The installation of the Bioquell Isolation Rooms (semi-permanent isolation pods) in Critical Care, across the UHB has taken Critical Care to 50% side rooms, increasing single room capacity (albeit not negative pressure) Air Purifiers have been purchased and are in place across the UHB. Conversations have taken place with the Clinical Teams to agree a plan, however a consensus has not yet been reached. Further work needs to be undertaken with the Strategic Planning team to fully implement this WHC.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds (also classified as red in previous update to QSEC).

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
017-19	Living with persistent pain in Wales guidance	07/05/2019	Director of Operations

Since September 2020 we have delivered 22 programmes virtually. These have been offered to 711 patients and 441 of these opted in to attend (62% of those offered). Of those who originally opted in, 326 have completed the Pain Management Programme (PMP) = 74%. The retention to completion rate of all virtual PMPs has been over 90% consistently. The next 5 virtual PMPs will begin in January 2022 and 250 people have been invited to attend. We are reporting positive outcomes comparable with face to face (F2F) PMPs, but continue to recognise the need for F2F for some patient cohorts which we are unable to offer at present due to covid-19 restrictions. We have developed, in partnership with OSP Healthcare digital company and with the support of the Bevan Commission and TriTech, a bilingual e-PMP. We have full ethical approval to undertake and evaluate this e-PMP as a research project within Hywel Dda UHB and aim to address if a digital PMP acceptable and does it have potential to improve people living with persistent pain's understanding of pain, increase their self-efficacy and confidence to self-manage their pain more effectively. A Pain Primary Care post in North Ceredigion Cluster has been operational since June 2021 and a Value Based Health Care (VBHC) service evaluation will be undertaken regarding this post. This is in keeping with increasing access to pain services as early as possible, which is indicated in all national guidelines. There is also a collaboration with Patient Knows Best (PKB) to evaluate the usefulness of having a single access patient-held portal for people living with Pain, this study is scheduled to begin in February 2022. This service offers a collaborative approach across sectors - Primary Care (PC), Secondary Care, Community services and third sector organisations. We hope to demonstrate that with increased, timely support in PC, people will not require as many investigations, GP time, or onward referral to secondary care services. Amman Gwendraeth GP cluster have also agreed to fund and in-house Multi Disciplinary Pain Service in their cluster for 3 years. 4 posts have been funded, again following the advice and ethos around enabling timely access to specialised services as required. This service will hopefully become operational by mid 2022, recruitment pending. The Clinical Psychologist represent the HB on various WG 'recovery' advisory groups - including the Persistent Pain group, and supporting people on the Orthopaedic advisory group.

In June 2022, the WHC was re-aligned to the Scheduled Care Directorate. As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Director of Public Health/Director of Primary Care, Community and Long Term Care.

The Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion confirmed there is no further update from her perspective. In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Director of Primary Care, Community and Long Term Care

A Wax SBAR has been shared with Primary Care Directors in September 2021, requesting equipment and salaries using existing staff, which is still being considered. The SBAR was also to the County Directors for Pembrokeshire, Carmarthenshire and Ceredigion, Service Delivery Manager for Scheduled Care and Assistant Director of Therapies and Health Science (22/03/2022).

Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the Health Board, and regular meetings are now held. Each county is at a different stage of implementation as there have been some issues with approving Nursing post at various band levels (approx. 21WTE ranging from Band 3 to Band 7) being advertised on the Trac system.

All 3 County Directors to action and report on progress for a service in their respective County Plans.

Director of Primary Care, Community and Long Term Care has provided an update to WG sensory team in December 2021. Equipment and staffing requirements included in IMTP, awaiting decision.

First point of contact access to audiology services is included in the IMTP 22/23 submission but no response on approval received yet.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds (also classified as red in previous update to QSEC).

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
018-20	Last Person Standing	01/10/2020	Director of Primary Care, Community and Long Term Care

In March 2021 there was no update due to Covid-19. As of April 2022 no further progress has been made. Further clarification to be sought on what is required to be implemented to allow this WHC to be complete.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on the current reporting thresholds

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
025-21	Carpal Tunnel Syndrome (CTS) Pathway	15/09/2021	Director of Operations

Secondary Care are scheduling a meeting with primary care leads to discuss the implementation of this WHC and formulate a development plan that outlines the transition to the new CTS Pathway. Secondary Care already practice according to this pathway, however discussions are required with primary care to ensure they fully understand the requirements.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
006-22	Direct paramedic referral to same day emergency care: All Wales policy	21/04/2022	Director of Operations

WHC received in May 2022. At July 2022, no progress update has been received in relation to this Circular or confirmation on UHB implementation date.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
012-22	Donation and Transplantation Plan for Wales: 2022-2026	16/06/2022	Director of Operations

WHC received in June 2022, with no update on progress as at July 2022 or confirmation on UHB implementation date.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
017-22	Wales rare diseases action plan 2022 to 2026	16/06/2022	Medical Director

Assistant Director for the Medical Directorate will be meeting with Lead Consultant in August to discuss further.

As at July 2022, no UHB implementation date has been provided for this WHC and therefore being reported as red based on current reporting thresholds

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Director of Operations
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Director of Operations
009-21	School Entry Hearing Screening pathway	25/03/2021	Director of Public Health
022-21	Publication of the Quality and Safety Framework	17/09/2021	Director of Nursing, Quality and Safety Experience
002-22	NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23	14/06/2022	Director of Nursing, Quality and Patient Experience
014-22	AMR & HCAI improvement goals for 2021-23	01/03/2022	Director of Nursing, Quality and Patient Experience
015-22	Changes to the vaccine for the Human Papillomavirus (HPV) immunisation programme	25/05/2022	Director of Public Health
016-22	The National Influenza Immunisation Programme 2022-23	01/06/2022	Director of Public Health
018-22	Revised Guidelines for Managing Patients on the Suspected Cancer Pathway	30/06/2022	Director of Operations
019-22	Non Specialised Paediatric Orthopaedic Services	21/06/2022	Director of Operations

Recommendation

The Quality, Safety and Experience Committee is requested to take assurance from the Quality and Safety Assurance Report that processes, including the Listening and Learning Sub Committee, are in place to review and monitor:

- Patient safety highlighted through:
 - Incident reporting;
 - Mortality review; and
 - Review of nosocomial COVID-19 infection
- Patient experience highlighted through HIW Inspection, Nurse Staffing Levels (Wales) Act and Welsh Health Circulars
- Quality improvement.

WHC No	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	principles-framework-and-national-indicators-adult-in-patient-falls.pdf (gov.wales)	06/04/2016	Compliance	Chief Nursing Officer/Acting Chief Medical Officer Letter	<ul style="list-style-type: none"> Note and action requirements throughout this WHC Chief Executives to respond to the reporting cycle set out in Principles, Framework and National Indicators: Adult In-Patient Falls document Identify an executive and clinical lead accountable for in-patient safety in relation to falls and falls prevention Identify and inform Welsh Government of the health board/trust forum responsible for ensuring the requirements of this WHC are implemented Health boards and trusts should send details of falls leads and falls fora to MajorHealthConditions@wales.gsi.gov.uk no later than 31 May 2016. 	Director of Operations	Bethan Andrews	N/A	Not provided	Immediately	Amber	Investment is required and has been articulated in the IMTP submission (2 CNS for GGH, 1 for PPH and 1 for WGH). There is very little mitigation if this investment is not approved. The WHC can't be closed until this investment is made. If funding isn't forthcoming in 2022/23, this WHC will be reviewed in March 2023.	31/03/2023
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	quality-standards-for-adult-hearing-rehabilitation-services-2016.pdf (gov.wales)	23/11/2016	Action	Performance	Implementation of revised Quality Standards for Adult Hearing Rehabilitation Standards and Assessment and Audit Tool 2016 which replace all earlier versions	Director of Operations	Jane Deans	N/A	Not provided	Reassessment in 2019	Amber	<p>An action plan has been implemented to address areas that the service scored either a 0 or a 1 for.</p> <p>Only the following areas have actions that are outstanding:</p> <ul style="list-style-type: none"> Clinical Effectiveness - Outcomes are analysed at service level to identify trends and patterns within the data and are compared against different factors. Service improvement - Document relating to a systematic approach to the coordination, identification and appraisal of Audiological innovations still to be approved by senior Audiology Team <p>Next audit point will be Autumn 2022. – Now planned for November 2022</p> <p>There is an All Wales working Group discussing version 3 of the Quality Standards, which can include patients with cognitive issues, on which the service has representation.</p>	Nov-22
006-18	Framework of Action for Wales, 2017-2020	Not available online	01/02/2018	Action	Policy	Integrated framework of care and support for people who are deaf or living with hearing loss.	Director of Operations	Caroline Lewis	Jul-05	Not provided	Ongoing	Red	<p>An update on the Hearing Well Project Board action plan was provided to WG in March 2022. All areas are being progressed and a considerable amount is fully implemented but there are some areas that are awaiting outcomes from IMTP submission before they can be progressed any further. It is anticipated that this Framework will be extended to 2023, however no formal confirmation obtained from WG to date.</p> <p>Tinnitus: Dual Room completed and taking referrals from ENT. GPs are referring patient with Tinnitus to Audiology – referral letters that state a patient has unilateral or pulsatile tinnitus are re-directed to ENT. Three Band 7+ Audiologists have completed MRI training and are awaiting 'Entitlement' letter to be signed off by Radiology. This has been chased but no feedback from Radiology as to when these will be sent.</p> <p>Staffing: adverts out for a 2 yr training post (HECert in Basic Audiology) and a substantive Band 4 Audiology Associate Practitioner</p> <p>Facilities: Cross Hands – service to have room a sound proofed room (with observation facility) at this location (to see children aged under 4') Audiology has expressed an interest in being involved in service provision at Pentre Awel (Llanelli Wellness Village) and Fishguard Health Centre. Balance - new equipment delivered and training booked for July and once completed staff will work on addressing waiting list</p> <p>WHC: Ear Wax Management Primary Care and Community Pathway SBAR/Business Case shared again (22/03/2022) with Primary Care Directors for Pembrokeshire, Carmarthenshire and Ceredigion, SDM for Scheduled Care and AoTH requesting funding for equipment and salaries using existing staff, which is still being considered. Was included in Audiology IMTP but pushed down the list of the Scheduled Care IMTP (funding still not agreed). Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the HB. Fortnightly meetings held to monitor progress. Each county is at a different stage of implantation due to issues with approval for recurrent funding. Director Primary Care has provided an update to Welsh Government sensory team in December 2021. 16 Audiology staff trained in micro suction to provide service to existing Audiology patients. The remaining 4 Band 4 staff will be trained though pan-Wales funding that has been secured. HoS in discussion with head of School Nursing re: school entry Hearing screen service but progress is slow due to long term sickness.</p> <p>SBAR is due to be presented to the Op QSE meeting scheduled for 7th July 2022. Risk is being drafted by the service in relation to the implementation of this WHC.</p>	Not provided
026-18	Phase 2 – primary care quality and delivery measures	https://gov.wales/primary-care-quality-and-delivery-measures-whc2018026	16/07/2018	Action/Information	Performance/Delivery	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Ongoing	Not provided	Ongoing	Red	<p>Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established.</p> <p>Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work is currently suspended due to COVID-19.</p> <p>In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.</p>	Not provided

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030-18	Sensory Loss Communication Needs (Accessible Information Standard)	sensory-loss-communication-needs-accessible-information-standard.pdf (gov.wales)	28/09/2018	Compliance	Information Technology	All relevant staff must be made aware of their responsibilities for recording such information in order to support individuals with information and/or communication needs, which are related to or caused by sensory loss, where those individuals are within the scope outlined in this document with immediate effect. .All systems in procurement, or for future procurement, MUST comply with this Standard with immediate effect. .All relevant actions must be taken in order to comply with the Implementation Plan with immediate effect.	Director of Public Health/Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Red	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion confirmed there is no further update from her perspective. In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.	Not provided
033-18	Airborne Isolation Room Requirements	Not available online	25/07/2018	Compliance	Quality and Safety	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Jul-19	Not provided	Not provided	Red	The Short life working groups initial recommendations now need to be reviewed by the service to agree best location for facility as, clinical teams do not deem this to be critical care in BGH. Agreement to draft further options appraisal for discussion at the Ventilation Group prior to the Executive Team scheduled for Quarter 1 2022/23. The remedial work to the two Positive Pressure Ventilation Lobby rooms (PPVL) facilities in A&E BGH and Critical Care GGH is now complete. The installation of the Bioquell Isolation Rooms (semi-permanent isolation pods) in Critical Care, across the UHB has taken Critical Care to 50% siderooms, increasing single room capacity (albeit not negative pressure) Air Purifiers have been purchased and are in place across the UHB. Conversations have taken place with the Clinical Teams to agree a plan, however a consensus has not yet been reached. Further work needs to be undertaken with the Strategic Planning team to fully implement this WHC.	Not provided
017-19	Living with persistent pain in Wales guidance	welsh-health-circular-living-with-persistent-pain-in-wales-guidance.pdf (gov.wales)	07/05/2019	Information/Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Operations	Lydia Davies	Apr-22	Not provided	N/A	Red	Since September 2020 we have delivered 22 programmes virtually. These have been offered to 711 patients and 441 of these opted in to attend (62% of those offered). Of those who originally opted in, 326 have completed the PMP = 74%. The retention to completion rate of all virtual PMPs has been over 90% consistently. The next 5 virtual PMPs will begin in January 2022 and 250 people have been invited to attend those. We are reporting positive outcomes comparable with F2F PMPs, but continue to recognise the need for F2F for some patient cohorts which we are unable to offer at present due to covid restrictions. We have developed, in partnership with OSP Healthcare digital company and with the support of the Bevan Commission and TriTech, a bilingual e-PMP. We have full ethical approval to undertake and evaluate this e-PMP as a research project within Hywel Dda UHB and aim to address if a digital Pain Management Programme acceptable and does it have potential to improve people living with persistent pain's understanding of pain, increase their self-efficacy and confidence to self-manage their pain more effectively? Pain Primary Care post in North Ceredigion Cluster has been operational since June 2021 and a VBHC service evaluation will be undertaken regarding this post. This is in keeping with increasing access to pain services as early as possible, which is indicated in all national guidelines. There is also a collaboration with PKB to evaluate the usefulness of having a single access patient-held portal for people living with Pain, this study is scheduled to begin in February 2022. This service offers a collaborative approach across sectors - Primary Care, Secondary Care, Community services and third sector organisations. We hope to demonstrate that with increased, timely support in PC, people will not require as many investigations, GP time, or onward referral to secondary care services. Amman Gwendraeth GP cluster have also agreed to fund and in-house MDT Pain Service in their cluster for 3 years. 4 posts have been funded, again following the advice and ethos around enabling timely access to specialised services as required. This service will hopefully become operational by mid 2022, recruitment pending. Clinical Psychologist represent the HB on various WG 'recovery' advisory groups - including the Persistent Pain group, and supporting people on the Orthopaedic W/L advisory group. In June 2022, the WHC was re-aligned to the Scheduled Care Directorate.	Not provided
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	MergedFile (gov.wales)	20/09/2019	Compliance	Information Governance	In December 2018, a Welsh Health Circular (WHC (2018) 30) was issued on the new data standard, which is required as a key enabler to ensure effective capture and communication of sensory loss communication and information needs between healthcare professionals in Wales. This is a follow up/awareness to the previous WHC with a hand out on how to record the communication needs for these patients.	Director of Public Health/Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Red	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion confirmed there is no further update from her perspective. In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.	Not provided

WHC No	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date
014-20	Ear Wax Management Primary Care and Community Pathway	https://gov.wales/sites/default/files/publications/2020-10/ear-wax-management-primary-and-community-care-pathway-whc2020014.pdf	29/09/2020	Compliance/Action	Policy	To implement the recommendations of the Wax Management Task and Finish Group as included in the WHC	Director of Primary Care, Community and Long Term Care	Jane Deans	Ongoing	Health Board and NHS Trusts	10/01/2021	Red	<p>Wax SBAR has been shared with Primary Care Directors in September 2021, requesting equipment and salaries using existing staff, which is still being considered. SBAR sent to County Directors for Pembrokeshire, Carmarthenshire and Ceredigion, SDM for Scheduled Care and Assistant Director of Therapies and Health Science (22/03/2022).</p> <p>Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the Health Board, and regular meetings are now held. Each county is at a different stage of implementation as there have been some issues with approving Nursing post at various band levels (approx. 21WTE ranging from Band 3 to Band 7) being advertised on Trac.</p> <p>All 3 County Directors to action and report on progress for a service in their respective County Plans.</p> <p>Director of Primary Care, Community and Long Term Care has provided an update to Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP, awaiting decision.</p> <p>First point of contact access to audiology services is included in the IMTP 22/23 submission but no response on approval yet received.</p>	Not provided
018-20	Last Person Standing	https://gov.wales/sites/default/files/publications/2020-10/support-for-gp-premises-liabilities.pdf	01/10/2020	Information	Performance/Delivery/Estates	In the short term, it was jointly recognised that there is a need to address Last Person Standing (LPS) for individuals who are experiencing an immediate threat to the continued viability of their practice.	Director of Primary Care, Community and Long Term Care	Caiwen Richards	Ongoing	Not provided	Ongoing	Red	<p>In March 2021 there was no update due to Covid-19. As of April 2022 no further progress has been made.</p> <p>Further clarification to be sought on what is required to be implemented to allow this WHC to be noted as green (completed).</p>	Not provided
009-21	School Entry Hearing Screening pathway	https://gov.wales/sites/default/files/publications/2021-04/school-entry-hearing-screening-pathway_0.pdf	25/03/2021	Action	Policy	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.	Director of Public Health	Barbara Morgan	Sep-22	Health Boards	Immediately	Amber	<p>Audiology has met with SDM Senior nurse school Nursing and childhood Immunisations to discuss the WHC. This has been escalated to GM (scheduled care), who is considering options within SBAR/Business Case. This is included in the IMTP, currently awaiting outcome. Updates are reported to WG from Head of Audiology as requested. SBAR on the matter due to be presented at the August 2022 Scheduled Care QSE meeting.</p>	Dec-22
022-21	Publication of the Quality and Safety Framework	WN (Year) Number (gov.wales)	17/09/2021	Compliance/Action/Information	Quality and Safety	We have published the Quality and Safety Framework for NHS staff.	Director of Nursing, Quality and Safety Experience	Cathie Steele	N/A	Not provided	01/04/2023	Amber	<p>An initial assessment of the Quality and Safety Framework has been undertaken and an action plan is being formulated for the implementation of actions to be undertaken by the UHB. Several of the actions are linked to the Health and Social Care (Quality and Engagement) (Wales) Act, with particular emphasis on the duties of quality and candour, which come into force from April 2023. The Framework also links with the Quality Management System (QMS) Strategic Framework and its enabler Improving Together.</p>	Not provided
025-21	Carpal Tunnel Syndrome Pathway	all-wales-carpal-tunnel-syndrome-pathway.pdf (gov.wales)	15/09/2021	Action	Policy	Guidance for health boards and trusts on a standardised pathway for the management of carpal tunnel syndrome.	Director of Operations	Owain Ennis (secondary care elements)	12 Months	Not provided	01/11/2021	Red	<p>January 2022 update: Secondary Care are scheduling a meeting with primary care leads to discuss the implementation of this WHC and formulate a development plan that outlines the transition to the new CTS Pathway. Secondary Care already practice according to this pathway, however discussions are required with primary care to ensure they fully understand the requirements.</p> <p>No progress update received March 2022.</p>	Not provided

WHC No	Name of WHC	Link to WHC	Date Issued	Status Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date
002-22	NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23	https://gov.wales/sites/default/files/publications/2022-06/nhs-wales-national-clinical-audit-and-outcome-review-plan-annual-rolling-programme-for-202223.pdf	14/06/2022	Action/Information HEALTH PROFESSIONAL LETTER	Health boards, trusts and relevant special health authorities in Wales are required to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan.	Director of Nursing, Quality and Patient Experience	TBC	Apr-23	Other Executives Medical Directors Directors of Primary Care Directors of Therapies	N/A	Amber	WHC for information purposes	31/03/2023
006-22	Direct paramedic referral to same day emergency care: All Wales policy	https://gov.wales/sites/default/files/publications/2022-04/direct-paramedic-referral-to-same-day-emergency-care-all-wales-policy.pdf	21/04/2022	Action Delivery	Supporting the Welsh ambulance service and health boards delivering same day emergency care.	Director of Operations	TBC	Apr-26	Chief Executives of Local Health Boards Chief Executive Welsh Ambulance Services NHS Trust	Immediately	Red	WHC received in May 2022. At July 2022, no progress update has been received in relation to this Circular	Not provided
012-22	Donation and Transplantation Plan for Wales: 2022-2026	https://gov.wales/sites/default/files/publications/2022-06/donation-and-transplantation-plan-for-wales-2022-2026.pdf	16/06/2022	Action Policy	Ensure the whole population of Wales can donate tissue or organs and receive a transplant whenever this is clinically possible	Director of Operations	Peter Skitt	Dec-26	Chief Executives of Health Boards and NHS Trusts in Wales, Welsh Health Specialised Services Committee, NHS	Ongoing	Red	WHC received in June 2022, with no update on progress as at July 2022.	Not provided
014-22	AMR & HCAI improvement goals for 2021-23	https://gov.wales/healthcare-associated-infections-and-antimicrobial-resistance-improvement-goals-whc2022014	01/03/2022	Action/Information Quality and Safety	Health boards and trusts are expected to reduce healthcare associated infections and antimicrobial resistance.	Director of Nursing, Quality and Patient Experience	Mei Jenkins	Mar-23	All Health Boards	31/03/2023	Amber	New WHC received which supersedes WHC 028-21 AMR & HCAI IMPROVEMENT GOALS FOR 2021-22. To note this WHC is being extended to 31/03/2023 and will be revised at that time.	31/03/2023
015-22	Changes to the vaccine for the HPV immunisation programme	Not available online	25/05/2022	Action Public Health	Information on the forthcoming changes to the human papillomavirus (HPV) immunisation programme. This letter is aimed at health professionals who are responsible for delivering the programme.	Director of Public Health	Lynne Edward/Conrad Hancock	N/A	Medical Directors Nurse Executive Directors Directors of Public Health	Not provided	Amber	WHC received in May 2022. At July 2022, no progress update has been received in relation to this Circular	

WHC No	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date
016-22	The National Influenza Immunisation Programme 2022-23	Not available online	01/06/2022	Action	Public Health	Letter to health professionals about the national influenza immunisation programme 2022 to 2023.	Director of Public Health	TBC	N/A	Directors of Maternity Services, Health Boards Directors of Workforce and Organisational Development, Health Boards/Trusts	Not provided	Amber	WHC received in June 2022, with no update on progress as at July 2022.	TBC
017-22	Wales rare diseases action plan 2022 to 2026	https://gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022%E2%80%932026-whc-2022-017_3.pdf	16/06/2022	Action/Information	Policy	What the NHS is doing to improve care and outcomes for people with a rare disease.	Medical Director	TBC	Dec-26	All Health Boards, HEIW, WHSSC	Ongoing	Red	Assistant Director for the Medical Directorate will be meeting with Lead Consultant in August to discuss further.	TBC
018-22	Revised Guidelines for Managing Patients on the Suspected Cancer Pathway	https://gov.wales/sites/default/files/publications/2022-07/guidelines-for-managing-patients-on-the-suspected-cancer-pathway_2.pdf	30/06/2022	Compliance	PERFORMANCE / DELIVERY / INFORMATION TECHNOLOGY	Guidelines for managing patients on the suspected cancer pathway and how to report against targets.	Director of Operations	Lisa Humphries / Gina Beard	N/A	Chief Executives Chief Operating Officers Heads of Information	Immediate	Amber	WHC received in July 2022	TBC
019-22	Non Specialised Paediatric Orthopaedic Services	https://gov.wales/nhs-wales-non-specialised-paediatric-orthopaedic-services-whc202219	21/06/2022	Action	Quality and Safety / Information Governance / Performance / Delivery / Public Health / Policy	To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.	Director of Operations	Lydia Davies	01/04/25	All health boards	01/04/2025	Amber	Currently awaiting progress update from the service	01/04/2025