



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

February 2024



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

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

This report provides information on:

- Patient safety incidents including nationally reported patient safety incidents
- Focus on preventing patient falls
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Welsh Health Circulars
- Ministerial Directions

Patient Safety Incident Reporting



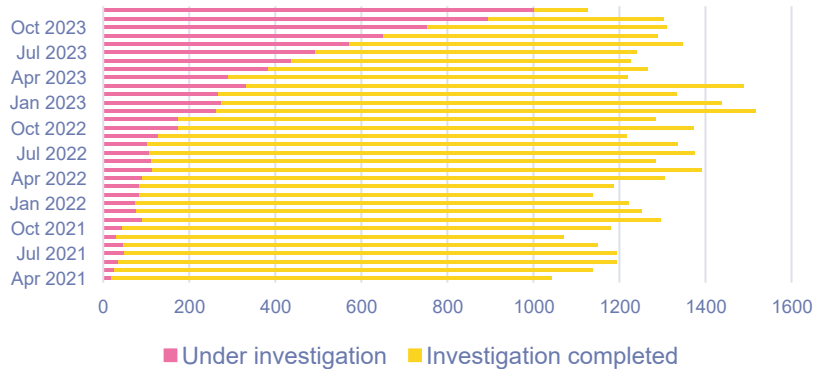
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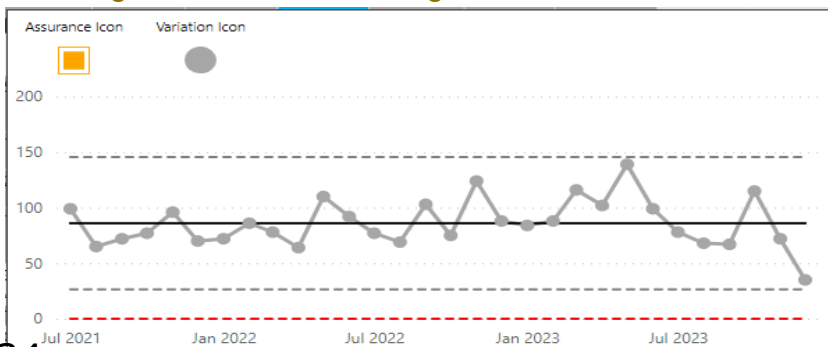
Patient Safety Incidents by month of occurrence



Patient Safety Incidents – investigation status
(as at 03/01/2024)



Investigated incidents causing moderate or worse harm

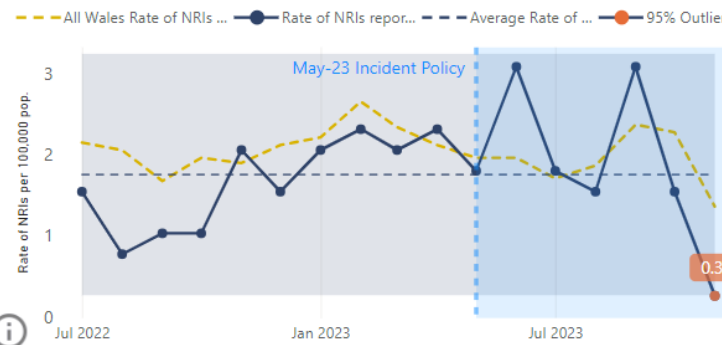


There were 16,540 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1 January 2023 and 31 December 2023.

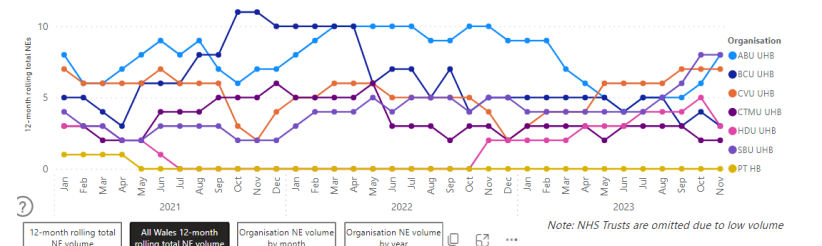
Of the 16,540 patient safety incidents reported, 10,473 have been closed. 4% were closed as moderate, severe or catastrophic harm.

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

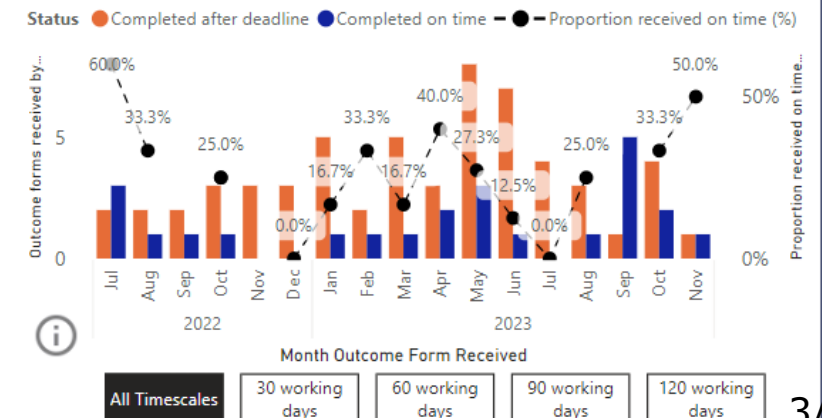
HDU UHB Rate of NRIs occurring (by incident date) per 100,000 population
as of 06/12/2023 - All incident types



All Wales 12-month rolling total Never Events occurring (by incident date) as of 06/12/2023



HDU UHB Proportion of NRI outcomes received on time - all investigation
timescales as of 06/12/2023 - All incident types (excluding pressure
ulcers)



Falls Prevention Strategy

Our mission is to produce a collaborative falls framework that wraps around the patient whether they are being cared for at home, in hospital or in one of our falls clinics, with the following aims:

- to promote falls prevention
- to reduce the number of avoidable falls in the community and in our hospitals
- to work collaboratively with relevant third sector and social care services
- to ensure an equitable three county approach to community fall intervention
- to develop a seamless transition for patients between hospital and home



Diogel
Safe



person ganolog
person centred



Effeithlon
Efficient



Amserol
Timely



All Wales inpatient Falls Network

- Reps across all Health Boards in Wales focus on sharing good practice
- Establishing common pathways across Wales
- Development of action plans in line with NICE guidance and National Audit of Inpatient Falls (NAIF) recommendations

Falls Prevention Taskforce Wales

- Primary falls prevention focus across Wales
- Adopting Prudent healthcare principles

4 Nations Falls Collective

- Collaborative whole system approach across the UK to help strengthen the knowledge, skills, expertise and impact of falls prevention work undertaken by all 4 Nations.

Falls Prevention & Simulation Study Day

- Multi Disciplinary Team Approach (MDT) approach to falls including therapies, manual handling, podiatry, pharmacy and trauma team.
- Includes practical and theory sessions covering documentation using the multi factorial risk assessment, practical sessions using the bariatric and age suits, visual impairment glasses exercises.
- Positive evaluation of pilot and plan to upscale across all sites in early 2024

Falls Improvement Initiatives: Inpatient Settings

Working with the Quality Improvement/Practice and Professional Development Team a number of improvement initiatives are being tested across all our acute sites:

- Baywatch and enhanced patient supervision
- Red/green tape on mobility aids to identify patients at risk of falls
- Milkshake rounds to improve nutrition and hydration
- Lying and standing blood pressure training
- Use of Measles charts to identify hot spot areas and monitor effectiveness of actions and interventions
- Evaluation of the use of falls sensors and slipper socks where identified as patient appropriate following risk assessments
- Development of falls training programs adopting MDT approach
- Falls assurance and learning panels held across all inpatient areas, with shared learning from events disseminated through Professional Nurse Manager Forum

Falls Quality Assurance
and Learning Panels
established across
inpatient areas

Regular audit of
compliance with
management of
inpatient falls policies
and processes

Shared learning from
events held across
directorates

Improvements and
Initiatives supported
through Quality
Improvement and
Practice Development
Teams

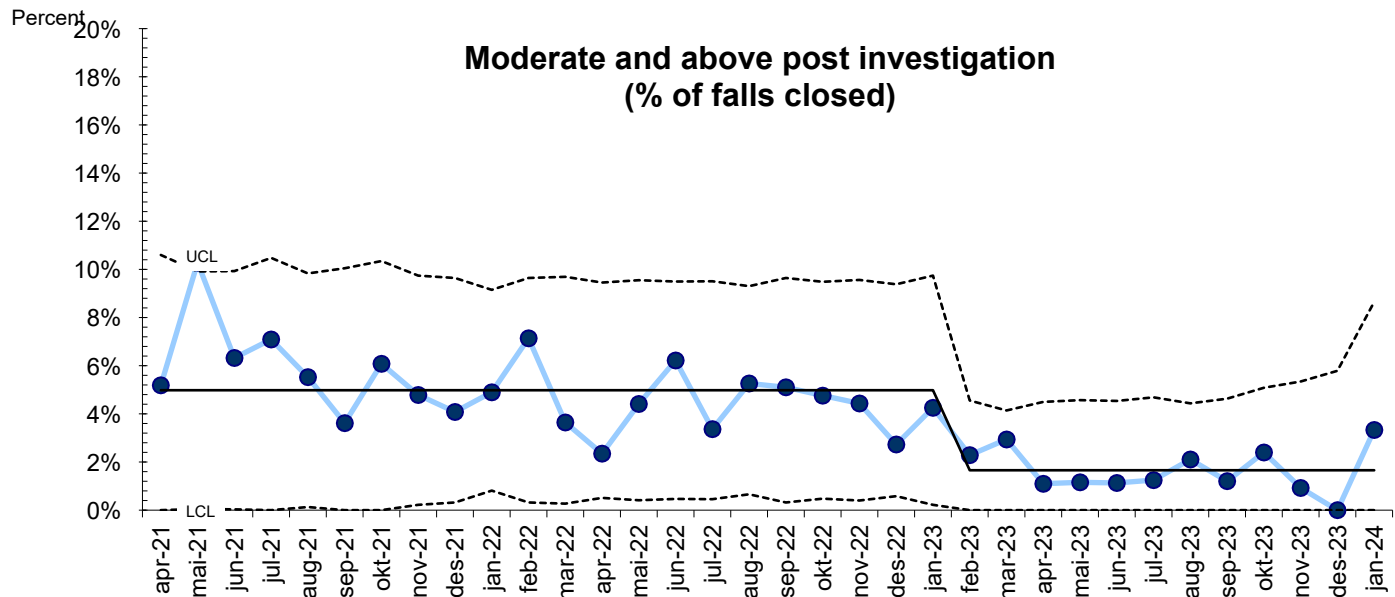
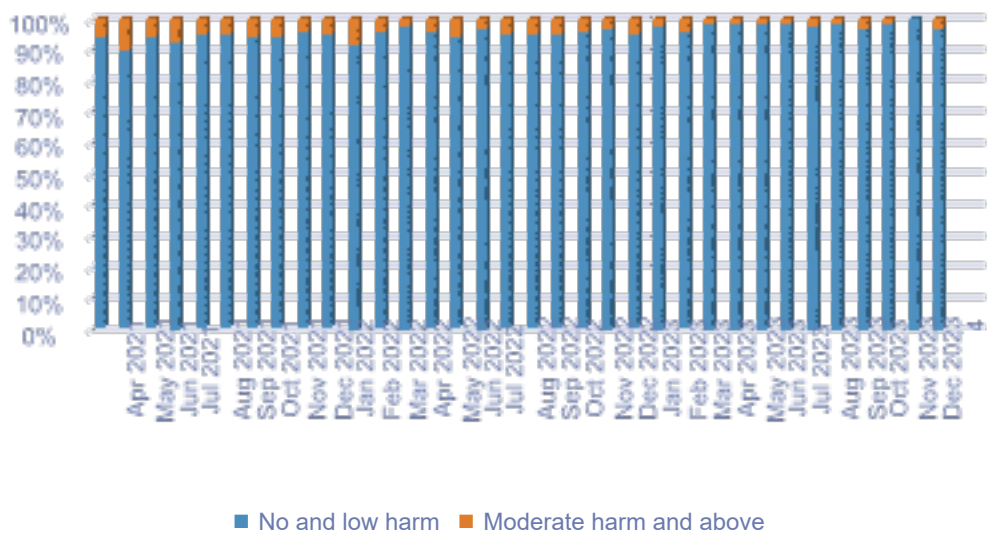
Multi Disciplinary
approach to falls
prevention and
management across
health board

Several quality improvement programmes being developed and supported through EQIIP and Improvement Cymru programmes, covering a range of interventions and improvements including:

1. Reduction of falls in acute admission units by identifying high risk patients on admission
 - Focus on mobility aid training & provision by therapies on admission
 - Guidance on types of aids and accessing equipment out of hours for RN/HCSWs
 - Safety awareness training and development of information boards
2. Improving compliance with Falls Bundles
3. Movement and Mobility as part of the Dementia Care Pathway of Standards

In-patient falls incidents – harm post investigation

Patient falls - harm post investigation



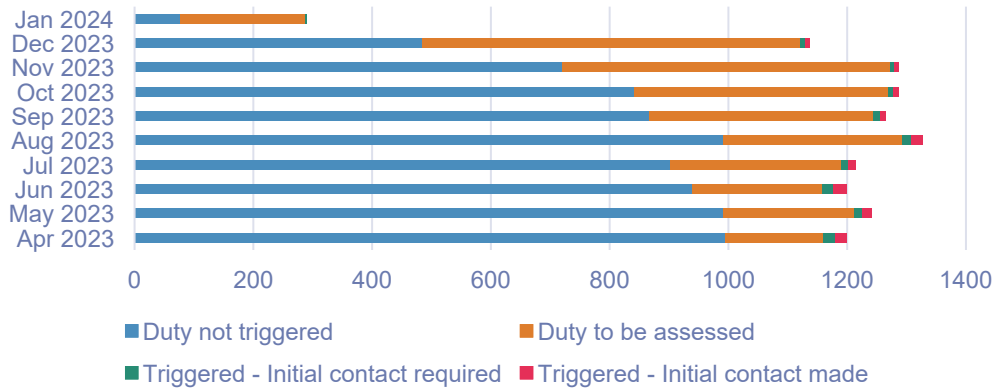
Duty of Candour (DOC)



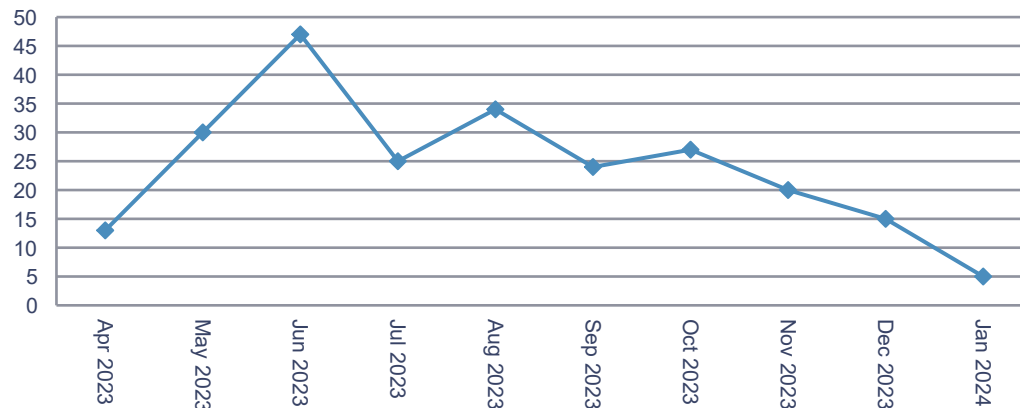
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Duty of Candour



Date NHS Body first became aware that DoC was triggered



Examples of reason for duty triggering

- High National Early Warning Score (NEWS) – agreed control documents not followed
- Return to theatre post-surgery
- Medication error leading to hypoglycaemic episode
- Injury to baby due to inappropriate placement of forceps
- Delay in referral to vascular team
- Missed opportunity to identify retained products of conception
- Delay in clinician intervention
- Ureteric injury due to hysterectomy

Having undertaken a review of the reasons provided for the duty triggering there is work required to strengthen the prompts within Datix Cymru. Further education is also required for when the duty does trigger and when the contact with the person affected is “Being Open” e.g.:

- Baby born in poor condition with no obvious cause and no suspected act or inaction by health
- Patient in waiting room with son, went to bathroom and lost her balance.
- Death of person previously known to mental health services but not currently receiving care



Healthcare Acquired Infections (HCAI) Comparative data across Health Boards

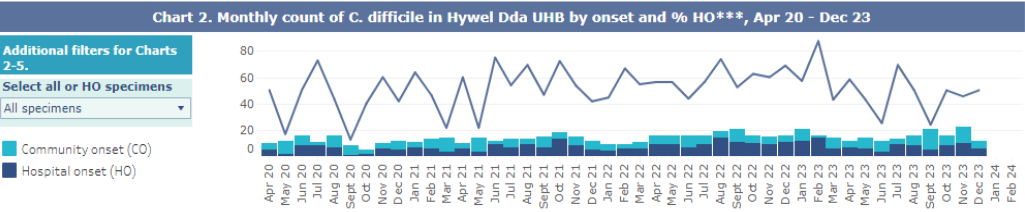
Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Dec 23

Additional filters for Table 1.								
Select month or FY								
Current FY		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia	
		Aneurin Bevan UHB	36.71	1.11	18.02	60.29	23.58	4
		Betsi Cadwaladr UHB	39.17	1.14	23.65	79.66	24.22	5.49
Select organism group		Cardiff and Vale UHB	21.1	2.11	31.39	72.02	24.27	4.22
All organisms		Cwm Taf Morgannwg UHB	30.77	2.07	29.59	86.98	27.52	4.14
		Hywel Dda UHB	47.13	3.07	26.3	106.55	26.3	7.85
<div><div></div> < than same period last FY</div> <div><div></div> = same period last FY</div> <div><div></div> > than same period last FY</div>		Powys THB	18.01	0	1	2	0	0
		Swansea Bay UHB	62.64	1.7	37.11	69.11	23.49	6.47
		Velindre NHST						
		Wales	37.75	1.72	25.7	74.78	23.93	5

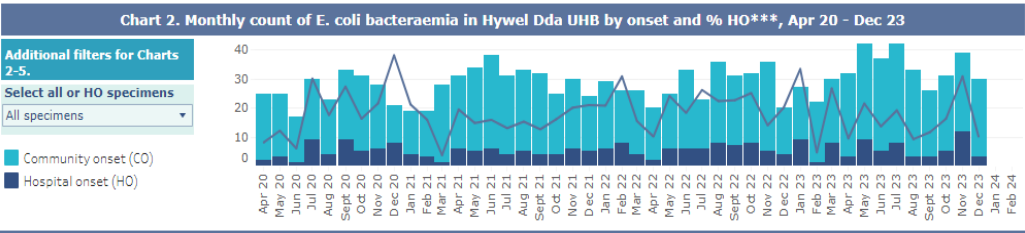
Chart 1. Cumulative monthly rate per 100,000 population of C. difficile in Aneurin Bevan UHB, 2023/24 compared to previous FY



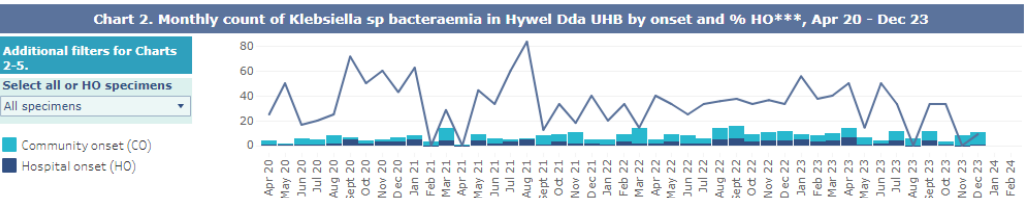
IP&C Performance Overview Apr 2020 – Dec 2024



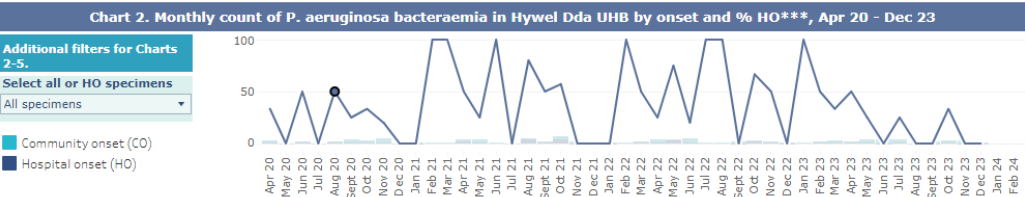
CDI: Despite a seasonal peak during the autumn months we remain below our 20% reduction trajectory. We are now universally using a new sporicidal detergent/disinfectant across the acute sites in further efforts to reduce our CDI numbers. Regular *C.diff* roadshows are held within the acute sites – initially in GGH and now being rolled out across the Health Board have proved to be successful in attaining engagement with staff.



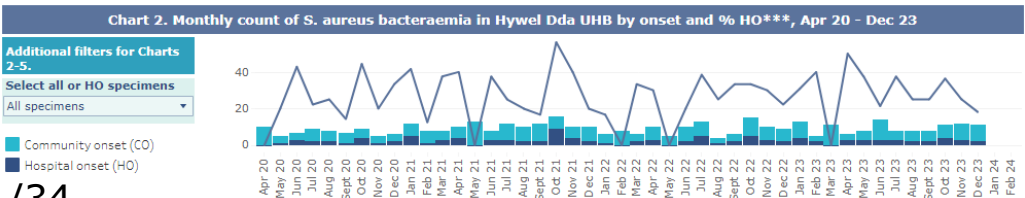
E.coli: The E.coli rates identified as community onset continue to be of concern, with 90% of cases during December attributed to the Hywel Dda community – this is compared with 75% for the rest of Wales. Working collaboratively with Public Health Wales, we are looking at external factors and campaigns at reduction.



Klebsiella: Rates are improving for this Gram negative bacteraemia and we are showing an improving picture over the same period last year. Again the majority of cases are of community onset with only one case identified as being hospital onset.

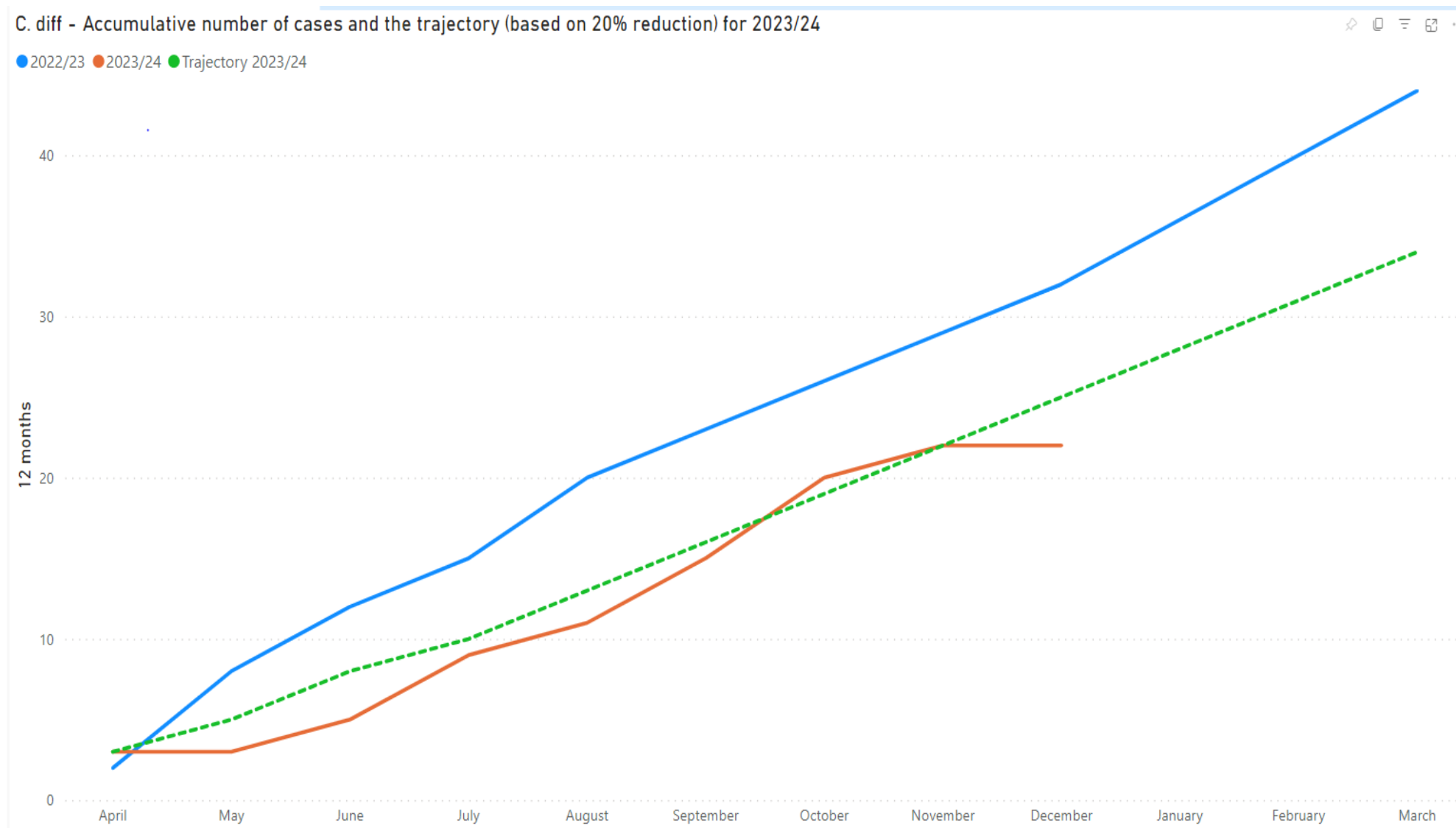


P. aeruginosa: Cases remain low with only 4 cases for this financial year that are related to acute care, the remaining 19 cases are attributed to community onset. The trend for this gram negative remains the same as last year.



S.aureus: While hospital acquired S.aureus bacteraemias have reduced, our community population are still seeing increased numbers. Sources for the S.aureus cases are varied with SST showing as slightly more predominant. A septic non touch technique (ANTT) training for our GP practices and community nursing teams continues.

C.diff reduction trajectory for 2023/24



Health Board Overview – IP&C

Focused work-streams are yielding positive results in reducing hospital acquired infections, however, there continues to remain a large community burden.

- The *C.difficile* Strategic Plan for Wales recognises the growth in *Clostridioides difficile* infection (CDI) cases within our communities and Primary Care and the increasing necessity to concentrate efforts outside of Secondary Care, 55% of all CDI cases in Wales have a community onset (equal to that of Hywel Dda).
- The continuing prevalence of E.coli across the Health Board is of particular concern. This is being discussed on a wider scale with Public Health Wales to determine a course of action. Investigations into the potential for environmental sources such as water, soil, rurality are being discussed while an aging population must also be taken into account – (age stratification study previously undertaken was not considered significant). The percentage for community onset E.coli bacteraemia within the HB is 84%, compared to the national average of 76%. Predominant source continues to be urinary, and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging.
- An increase in public knowledge and sharing of information is required and interrogation of data at lower layer super output areas (LSOA) level to determine areas of deprivation, rurality versus urban etc to enable targeting of prevention to areas identified as being of higher need initially. Roadshows and keep well events to be utilised to provide health promotion messaging.

Health Inspectorate Wales (HIW) inspection activity themes:

1 Inspection 01/09/23 to 31/12/23



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Person centred

5 recommendations including:

- The health board must ensure that menu options include gluten free options of more variety of choices for patients
- The health board must ensure that checks are undertaken on the patients' fridge and that no out of date products are stored in the fridges.
- The health board must review the notice boards on the ward and ensure that information is up to date and relevant.
- The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors

Medicines

3 recommendations including:

- The health board must make sure that temperature checks are consistently recorded.
- The health board must ensure that out of date medication is disposed of and that clinical waste bins are available in clinical rooms



Efficient

1 recommendation:

- The health board must ensure that when leave is granted for more than 7 days the responsible clinician considers whether the CTO might be more suitable option in accordance with paragraph 27.8 -27.9. This must be recorded in patients notes.

Workforce

3 recommendations including:

- The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.
- The health board must ensure that mandatory compliance rates are improved. Staff completion rates of Immediate Life Support and mandatory training on both wards must be improved

Safe

6 recommendations including:

- The health board must ensure that over the counter medications are stored correctly and in line with health board policy
- The health board must ensure that work is undertaken to improve the appearance and safety of the outdoor areas for patients to use
- The health board must ensure that oxygen cylinders and COSHH equipment is always stored correctly

Effective

2 recommendations including:

- The health board must ensure that records detail consent and capacity to consent are assessed during first 3 months of treatment in accordance with para 25.18 of the Welsh Codes of Practice.

Collation of the recommendations made by HIW under the individual Health and Care Quality Standards is a new approach.

For each recommendation made by HIW, the directorate develops an appropriate action(s) to address the issues raised. The overdue actions are detailed in the appendix.

To ensure that there is wider learning across the Health Board, the themes collated have been shared with all directorates for dissemination via the Quality and Safety Governance meetings.

Other inspection body activity themes:

5 Inspections 01/09/23 to 31/12/23



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Person centred

- 12 recommendations including:
- Some mums reported problems receiving a debrief about their birth. This was clearly important for them. Adequate staff need to be available to ensure that opportunities are not missed to do this
 - Health Board to strengthen links with social care services, to raise awareness of patients who may have no family/extended family to help with basic needs such as providing clean nightwear/daywear and toiletries
 - It is very important that future developments are co-produced ensuring input from patient and families. The lived experience of PwID and epilepsy and their families is essential to help shape future meaningful services.

Leadership

- 1 recommendation:
- A dedicated named service manager or equivalent to facilitate governance and operational developments of the proposed new team.

Equitable

- 1 recommendation:
- The health board must provide assurances on the arrangements in place to ensure that patients have access to inpatient beds when required and the mitigations against risks associated with using beds already allocated to other patients who are on section 17 leave.



Workforce

- 3 recommendations including:
- There would be an appointment of a suitable administrative person to support the medical leadership role and the team
 - (Short term plan (6 months))
 - The current epilepsy nurse job description needs to be reviewed by a suitable specialist epilepsy nurse recommended by Epilepsy Specialist Nurse Association (ESNA)

Efficient

- 1 recommendation:
- The pathway which was in existence pre June 2021 needs to be reviewed and as feasible adopted. It would be helpful to review if the pathway that was in existence could be re-implemented while broader changes/modifications are considered for local need

Safe

- 8 recommendations including:
- Health Board must continue to provide a high standard of care following the 100% increase in bed number following the transfer of patients from Withybush Hospital
 - Procedure to ensure future planned changes to activities permitted by EPR are not implemented until permit has been successfully varied.
 - To put in place emergency guidelines and protocols for all those eligible for rescue guidance such as Midazolam. There also needs to be a protocol in place for rapid review and oversight of those who are admitted to an emergency department





Effective

- 3 recommendations including:
- Consider a suitable model of care for delivering the epilepsy and ID clinical care. Ideally recruiting a specialist ID consultant with competency in epilepsy is desirable. .

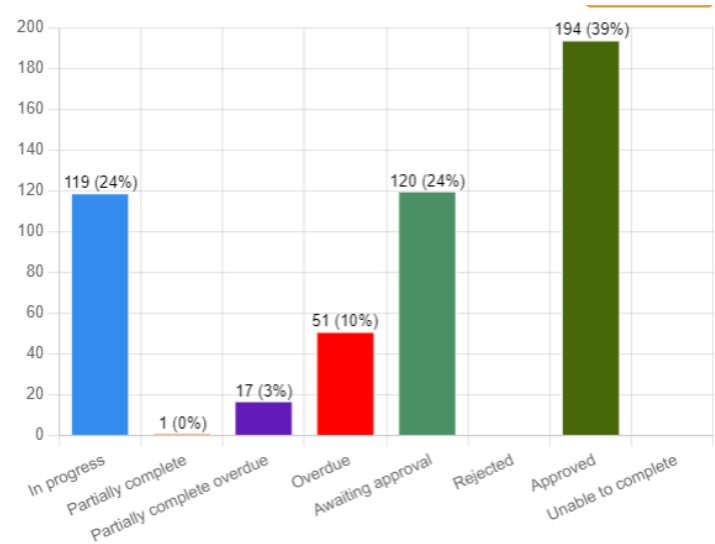
Collation of the recommendations made by other inspection bodies under the individual Health and Care Quality Standards is the same approach we take with HIW. For each recommendation made the directorate develops an appropriate action(s) to address the issues raised. The overdue actions are detailed in the appendix. To ensure that there is wider learning across the LHB, the themes collated have been shared with all directorates for dissemination via the Quality and Safety Governance meetings.

HIW Quality Checks/Inspections: Recent reviews and inspections





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
16	57/260 (22%)	0/21 (0%)	0	0	119	1	17	51	0	120	0	157

See appendix for list of overdue actions



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
10	33/33 (100%)	0	0	0	0	0	0	0	0	0	0	41

HIW Quality Checks/Inspections: Open reviews and inspections

Title	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	0/6 (0%)	0/5 (0%)	0	0	14	0	1	13	0	0	0	0
HIW Bryngofal inspection July 2022	0/19 (0%)	0	0	0	0	0	0	1	0	18	0	0
HIW Cadog Ward and Ceri Ward, Glangwili Hospital March 2019	0/1 (0%)	0	0	0	0	0	0	1	0	0	0	0
HIW Clinical Review into the Death of a Service User in HMP Parc	0/1 (0%)	0	0	0	0	0	0	2	0	0	0	0
HIW GGH IRMER Inspection Nov 2022	17/21 (81%)	0	0	0	0	0	2	1	0	1	0	31
HIW Glangwili A&E Inspection	7/27 (26%)	0	0	0	0	0	4	1	0	49	0	39
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)	2/40 (5%)	0	0	0	13	0	0	12	0	2	0	5
HIW IRMER GGH 0725 report	0/1 (0%)	0	0	0	0	0	0	0	0	1	0	0
HIW National Review of MH Crisis Prevention March 2022	11/19 (58%)	0	0	0	0	0	1	0	0	9	0	29

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

Title	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
	(58%)											
HIW National Review of Patient Flow (Stroke Pathway)	0/34 (0%)	0/12 (0%)	0	0	50	1	0	0	0	2	0	0
HIW National Review: Maternity Services 2020	0/32 (0%)	0	0	0	0	0	0	0	0	31	0	0
HIW Prince Philip Hospital Minor Injuries Unit 26.06.23	11/18 (61%)	0	0	0	5	0	1	3	0	0	0	42
HIW St Caradog ward, Withybush Hospital	0/2 (0%)	0	0	0	0	0	1	1	0	0	0	1
HIW WAST inspection 2021 /2022	0/4 (0%)	0	0	0	0	0	1	3	0	0	0	0
HIW Withybush A&E unannounced inspection (August 2023)	0/20 (0%)	0/4 (0%)	0	0	37	0	2	13	0	5	0	2
HIW: Quality Inspection (Ty Bryn)	9/15 (60%)	0	0	0	0	0	4	0	0	2	0	8

Implementation of Welsh Health Circulars (WHCs)



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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 2023, when WHCs were last reported to QSEC.

Assurance and Risk Team have been seeking updates from leads on these WHCs to determine the planned date for implementation by the Health Board where a specific date is not provided in the guidance itself. The following RAG status is applied to WHCs:

- **Green:** completed,
- **Amber:** a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer (if a timescale is not provided within the WHC),
- **Red:** behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.
- **External:** considered to be outside the gift of the Health Board to currently implement, for example reliant on an external organisation to implement.

The status of WHCs currently aligned to QSEC, and the movement since the previous report can be summarised as follows:

- 11 Red WHCs;
- 8 Amber WHCs;
- 1 External WHC; and
- 13 WHCs closed since the previous report

Progress of WHCs are also reported to the Operational Planning, Governance and Performance meetings on a monthly basis, as well as being included in the 'Improving Together' sessions.

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)

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
033-18	Airborne Isolation Room Requirements	25/07/2018	Interim Director of Nursing, Quality and Patient Experience	Not provided	Nursing	1640 - Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH	15

In September 2023, QSEC received an update when it was noted that despite the requirements of the WHC that was received in 2019 requiring significant capital investment from Welsh Government, creating a Negative Pressure Suite (NPS) pathway within Glangwili Hospital (GGH) and Bronglais Hospital (BGH) has been identified as a priority.

A potential location has been identified in GGH within the Clinical Decisions Unit (CDU) and agreed in principle by Senior Clinicians, the Infection Prevention Control team and the Estates Department. The Committee noted that the Ventilation Safety Group (VSG) will consider the proposal at their meeting in more detail and discuss how to progress to a feasibility survey and business case.

An update provided to the Assurance and Risk team in January 2024 advised that the respiratory pathway agreed in principle will need approval by Welsh Government as this does not meet the WHC requirements. The Interim Director of Nursing, Quality and Patient Experience supported that the pathways need to be agreed and advised that discussions are to be held with the Consultant Practitioner of Infection Prevention.

In January 2024, Welsh Government requested a re-audit of isolation room facilities (previously undertaken pre-COVID) across the NHS Wales estate to ensure that facilities are compliant with the current guidance and to ensure they are fit for the future.

The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 1640 on Datix - Airborne Isolation Room Requirements.

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
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Director of Operations	31/03/2023 Not provided	Acute Services	727 - Risk of recurrent fractures in patients aged 50 or over due to lack of a coherent Fracture Liaison Service across the Health Board.	12

Funding was agreed in November 2023 for a Fracture Liaison Service, and a job description was being developed which would have included a Fracture Liaison Service Practitioner and an admin support. A Clinical Lead for Bone Health has successfully been employed. However, since initial confirmation of funding, it has now ceased and requires resubmission to the Financial Control Group.

The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 727 on Datix - Risk of recurrent fractures in patients aged 50 or over, affects all 4 Acute sites. Current control measures noted to manage and mitigate this risk include a fracture liaison service in place at Bronglais, clinicians at Glangwili and Prince Philip Hospital reviewing osteoporosis cases, and support from Swansea Bay Health Board in providing a mobile DXA scanner. However, it is recognised that the current controls in place provide a basic service. A revised implementation date will be provided by the service should £352,000 funding be secured.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
006-18	Framework of Action for Wales, 2017-2020*	01/02/2018	Director of Operations	Not provided	Scheduled Care - Audiology	1457 - Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist - WHC/2018/006	12

14 of the 17 actions in this WHC have been completed. Those that are outstanding cannot be progressed due to insufficient funding. In order to close this WHC, a Health Board decision is needed regarding funding to introduce the service.

The Head of Audiology is maintaining an open line of dialogue with the School Nursing team, who currently provide school entry hearing screening in the community and maintain a low level of risk. There has been no progress providing first point of contact Audiologists in community settings, though an Ear Wax management service has now been implemented across the Health Board. The Head of Audiology is planning to increase engagement with Primary Care to progress with this WHC, however this has been delayed due to staff absence. It is hoped that GP cluster support to introduce this service will add weight to the Ear Wax Management Primary Care and Community Pathway SBAR/Business Case exploring options for progressing this WHC.

The risk of non-compliance with this WHC is monitored via Risk 1457 on Datix - Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist. Current control measures noted to manage and mitigate this risk include the provision of an ear wax management service for all existing NHS hearing aid users, ongoing support of the ambulatory nurse-led ear wax management teams across the Health Board who provide a self-referral service and are able to refer to Audiology in cases where patients continue to report hearing/tinnitus difficulties, and the ability to meet 'referral to treatment' timeframes for all new hearing assessment pathway patients following referral to the service by a GP or Advanced Nurse Practitioner.

*Not Available Online

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/2022	Director of Operations	31/08/2023 Not provided	Women & Children - Community	1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service	12

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

There is currently no budget for containment products within Children's services. Potential new funding sources have recently been explored in the Women & Children Directorate Improving Together sessions (e.g. via the Pelvic Health Service), however funding has yet to be sourced by any alternative route other than the current adult containment product budget.

The risk of non-compliance with this WHC is monitored via Risk 1615 - Care of children and young people (CYP) with Continence problems. Current control measures noted to manage and mitigate this risk include specialist provision for 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 long-term impact on any vulnerable children who do not receive the service.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/2022	Director of Operations	31/07/2023 31/08/2023 28/02/2024	Cancer Services	1685 - Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs	12

Work continues to implement the actions in this WHC (mapping previous pathways to new and making these changes). There are 18 National Optimal Pathways (NOPs); 9 have been mapped, with the remaining 9 expected to be completed by February 2024, and reflected in the revised implementation date. Reviews are undertaken by the Macmillan Cancer Quality Improvement Manager along with the Wales Cancer Network Senior Project Manager and Senior Project Support Officer.

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

The risk of non-compliance with this WHC is monitored via Risk 1685 on Datix – Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs. The risk was updated in December 2023 to reflect further completion of NOPs.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
031-23	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	22/08/2023	Interim Director of Nursing, Quality and Patient Experience (NQPE)	31/03/2024	NQPE – Infection, Prevention & Control	1734 - Risk of patient harm due to increase of nosocomial transmission of HCAI due to reduced bed spacing	12

The WHC goals for Healthcare Associated Infection (HCAI) are unchanged from last year and whilst the Health Board remains non-compliant for HCAI's, the Health Board is showing signs of improvement for both C.difficile infections and Staph aureus bacteraemias. Improvements have also been noted in Antibiotic stewardship in both Primary and Secondary Care. The Directorate are also working on an 'All Wales' basis with Public Health to identify potential geographical areas and at-risk groups to target a joint health promotion campaign aimed at prevention. It is noted however that Gram negative bacteraemias remain a concerning picture and experienced across Wales. The Health Board is currently working towards the goals of the current 5 year National Plan.

A HCAI Action Plan is in place and regularly reviewed, with work ongoing. The next review of the action plan is due in March 2024, after which a revised implementation date will be sought.

The risk of non-compliance with this WHC is monitored via Risk 1734 - Risk of patient harm due to increase of nosocomial transmission of HCAI due to reduced bed spacing.

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
009-21	School Entry Hearing Screening pathway	25/03/2021	Director of Operations	31/12/2022 Not provided	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

The shift of school hearing examinations from the School Nursing service to Audiology would ensure a higher standard of hearing assessment, however without funding, this is currently not possible. The capital required to transfer the service and comply with the WHC was outlined in an SBAR presented by the Head of Audiology at Operational Quality and Safety Experience Sub Committee in March 2023, with the sub-committee noting that funding allocation is outside of its remit, with further discussions to be had via Directorate Improving Together Sessions.

The Director of Secondary Care has advised that unless funding is being transferred from School Nursing, funding will not be available in the immediate future to move school hearing examinations from the School Nursing service to Audiology. The Audiology service are currently considering whether the risk decision should be changed to 'Tolerate', with Executive approval to be sought on this decision via Executive Risk Group in line with current Health Board processes. The risk score of 8 is based on the relatively low impact on patient health as patients are still receiving hearing examinations via alternative routes.

The risk of non-compliance with this WHC is monitored via Risk 1456 on Datix - Risk of sub-standard/inconsistent School Entry Hearing Screening due to lack of staff, training and equipment -WHC/2021/009.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
028-22	More than just words Welsh language awareness course*	10/11/2022	Director of Communications	30/06/2023 30/06/2024	Workforce & OD	1232 - Risk of reputational damage to the Health Board due to not being compliant with Welsh Language standards	6

One action from the Welsh Government ‘More than just words plan’ is that all NHS and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. The Health Board’s current completion rate of the Welsh language awareness module on Electronic Staff Record (ESR) as of 22nd January 2024 is 74.74% .

The Health Board's criteria for compliance with mandatory training on ESR is 80% therefore this has been selected as the target for compliance with this WHC, after which it will be noted as implemented. Services with the lowest compliance rates are being contacted in order to improve training update. Due to current operational demands and pressures, a revised implementation date has been provided of 30 June 2024.

The risk of non-compliance with this WHC is monitored via Risk 1232 - Risk of reputational damage to the Health Board due to not being compliant with Welsh Language standards.

**Not Available Online*

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
030-23	New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	11/08/2023	Medical Director	Not provided	Medical Directorate	N/A	N/A

The Head of Effective Clinical Practice and Quality Improvement confirmed the Medical Directorate will co-ordinate responses to this WHC, as confirmed by the Assistant Director of the Medical Directorate - the actions contained within the WHC cut across many Directorates.

A Steering Group meeting has been arranged for 31 January 2024, at which Terms of Reference will be agreed at the meeting, and a Chair and Deputy Chair nominated, and will oversee the action plan to support the delivery of NatSSIPs 2. The Medical Directorate will develop an action plan in response to the National Safety Standards for Invasive Procedures (NatSSIPs 2), which upon completion will provide a UHB implementation date for this WHC.

It is noted that while co-ordination will be provided by the Medical Directorate, responsibility for delivery of the actions will sit with the respective Directorates and teams.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service	Datix risk reference	Current risk score
035-23	Update of Guidance on Clearance & Management of Healthcare Workers Living with a Bloodborne Virus (BBV) and a Reminder of Health Clearance for Tuberculosis	03/11/2023	Director of Workforce & OD	Not provided	Workforce & OD	N/A	N/A

Confirmation has been received that Occupational Health are drafting a response to this WHC, upon which confirmation of an UHB implementation date will be noted and RAG status amended accordingly. The Assurance and Risk Team are awaiting further progress updates.

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	Health Board Implementation date	Lead Service
017-22	Wales rare diseases action plan 2022 to 2026	16/06/2022	Medical Director	Dec-26	Medical
017-19	Living with persistent pain in Wales guidance	07/05/2019	Director of Operations	Jan-25	Scheduled Care
019-22	Non-Specialised Paediatric Orthopaedic Services	21/06/2022	Director of Operations	Apr-25	Scheduled Care
032-22	Further extending the use of Blueteq in secondary care	21/03/2023	Director of Primary Care, Community and Long-Term Care	Apr-24	Primary Care, Community & Long-Term Care
001-23	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	12/01/2023	Director of Public Health	Mar-24	Public Health
003-23	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	04/03/2023	Director of Operations	Mar-24	Women & Children's
038-23	Healthy Start eLearning Course	09/11/2023	Director of Public Health	Mar-24	Public Health
001-24	Changes to the way individuals who are highest risk from Covid-19 access lateral flow tests and Covid-19 treatments	10/01/2024	Director of Public Health	Jan-24	Public Health

WHCs considered to be outside the gift of the Health Board to currently implement (External RAG status)

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Health Board Implementation date	Lead Service
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Director of Primary Care, Community and Long-Term Care	N/K	Primary Care, Community & Long-Term Care

WHCs which have been closed (implemented) since August 2023

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
025-21	Carpal Tunnel Syndrome Pathway	15/09/2021	Director of Primary Care, Community and Long-Term Care
002-23	New Lower Gastrointestinal 'FIT' National Optimal Pathway	30/01/2023	Director of Operations
019-23	In support of prevention of suicide and self-harm: GMC and NICE Guidance on information disclosure for the protection of patients and others	09/06/2023	Director of Primary Care, Community and Long-Term Care
010-23	Certification of Vision Impairment in Primary and Community Care	28/06/2023	Director of Primary Care, Community and Long-Term Care
025-23	Guidelines for managing patients on the suspected cancer pathway	20/07/2023	Director of Operations
026-23	NHS Framework for research and development	28/07/2023	Medical Director
029-23	Winter Respiratory Vaccination Programme: Autumn and Winter 2023 to 2024	17/08/2023	Director of Public Health
021-23	Consent for Examination or Treatment - Update	08/08/2023	Medical Director
033-23	Vaccine Products to be used in the Autumn 2023 COVID-19 Vaccination programme	01/09/2023	Director of Public Health
036-23	Speaking Up Safely Framework – NHS Wales	15/09/2023	Director of Nursing, Quality and Patient Experience
034-23	Welsh Sustainability Awards	25/09/2023	Director of Communications
008-23	Advice on tissue and cell donation	25/09/2023	Director of Nursing, Quality and Patient Experience
039-23	Independent Authorisation of Blood Component Transfusion (IABT)	24/11/2023	Director of Public Health

Implementation of Ministerial Directions



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This section of the report provides QSEC with progress in relation to the implementation of Ministerial Directions (MDs) under its remit. The Committee is asked to gain assurance from the lead Executive/Director or Supporting Officer on the management of MDs within their area of responsibility, particularly in respect of understanding when the MD will be delivered (if not already implemented), any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

The following RAG status is applied to MDs:

- **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

Progress of MDs is reported to the Operational Planning, Governance and Performance meetings on a monthly basis, as well as being included in the 'Improving Together' sessions. Full details on the implementation of these MDs can be found in Appendix 2.

Direction Number	Name of Direction	Date Issued	Lead Executive/ Director	Implementation Date	RAG Status
WG21-59	The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	26/07/2021	Director of Operations	31/10/2025	Amber
WG23-08	Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/2023	Director of Primary Care, Community and Long-Term Care	30/04/2024	Amber
WG23-27	The Primary Care (E-Prescribing Pilot Scheme) Directions 2023	01/06/2023	Director of Primary Care, Community and Long-Term Care	N/K	External
WG24-01	Wales Eye Care Services (Administrative List) (Wales) Directions 2024 *	05/01/2024	Director of Operations	N/K	Red

**The Ministerial Direction was issued on 5 January 2024, and the Assurance and Risk Team are currently liaising with service leads to obtain an implementation date which will be reflected in the next update to QSEC.*



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

- Patient safety incidents including a focus on falls prevention
- Nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Welsh Health Circulars
- Ministerial Directions



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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.



WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	UHB implementation date	Datix risk reference	Additional resources required	Capital required?
022-16	2016	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 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 to MajorHealthConditions@wales.gsi.gov.uk no later than 31 May 2016.	Director of Operations	Bethan Andrews	N/A	Not provided	Not provided	Red	QSEC	<p>Welsh Government have stated that all health boards must have a Fracture liaison service. The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 727 on the Care of the Elderly (COTE) risk register. A revised implementation date will be provided by the service once £352,000 funding is secured.</p> <p>Funding had been agreed in November 2023 for a Fracture liaison service, a job description was being developed which would of include a Fracture liaison service practitioner and an admin support. A clinical lead for Bone health has successfully been employed.</p> <p>Since the funding was initially agreed in November 2023 the funding has now been stopped and will need to be resubmitted to the Financial Control Group.</p>	31/03/2023 Not provided (Bethan Andrews confirmed that they are unable to provide an implementation date until the funding has been approved)	727 - Risk of recurrent fractures in patients aged 50 or over, affects all 4 Acute sites: Welsh Health Circular no 022-16-risk score 12	£352,000	?
006-18	2018	Framework of Action for Wales, 2017-2020	Not available online	01/02/2018	Action	Policy	Integrated framework of care and support for people who are deaf or living with hearing loss.	Director of Operations	Caroline Lewis	2020	Not provided	Ongoing	Red	QSEC	<p>11/01/2024 - 14 of the 17 actions in this WHC have been completed. Those that are outstanding can't be progressed due to funding issues. In order to close this WHC, a health board decision is needed regarding funding to introduce the services. The Head of Audiology will be in contact with the School Nursing team (who currently provide school entry hearing screening in the community) should there be any change in the situation.</p> <p>There has been no progress providing first point of contact Audiologists in community settings, though a Wax management service has now been implemented across the health board.</p> <p>The Head of Audiology is planning to increase engagement with Primary Care to progress with this WHC. This has been delayed due to staff absence. It is hoped that GP cluster support to introduce this service will add weight to the SBAR that has been developed.</p> <p>The risk of non-compliance with this Welsh Health Circular is monitored via Risk 1457 on Datix - Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management Primary and Community Care Pathway (Current risk score 12).</p> <p>Direction on WHC being sought at next Improving Together session.</p>	Not provide	1457 - Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management Primary and Community Care Pathway (Current risk score 12)	Funding	No

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	UHB implement ation date	Datix risk reference	Additional resources required	Capital required?
026-18	2018	Phase 2 – primary care quality and delivery measures	https://gov.wales/primary-care-quality-and-delivery-measures-whc2018026	16/07/2018	Action/Information	Performance/Delivery	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Ongoing	Not provided	Ongoing	External	QSEC	Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established. Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work was suspended due to COVID-19. Assistant Director of Primary Care confirmed the position remains unchanged in that there has been no progress nationally on the implementation of the Phase 2 measures. Assistant Director of Primary Care also confirmed there is no risk associated with this WHC. WHC changed from 'red' to 'external' RAG status as it is reliant on national work. 12/12/2023 - WHC superseded by new Ministerial Milestones that Primary Care report on.	N/K- reliant on progress of national work	No risk associated with this WHC	TBC	No
033-18	2018	Airborne Isolation Room Requirements	Airborne Isolation Room Requirements	25/07/2018	Compliance	Quality and Safety	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Jul-19	Not provided	Not provided	Red	QSEC	In September 2023, QSEC received an update when it was noted that despite the requirements of the WHC that was received in 2019 requiring significant capital investment from Welsh Government, creating a Negative Pressure Suite (NPS) pathway within Glangwili General Hospital (GGH) and Bronglais General Hospital (BGH) has been identified as a priority. A potential location has been identified in GGH within the Clinical Decisions Unit (CDU) and agreed in principle by Senior Clinicians, the Infection Prevention Control team and the Estates Department. The Committee noted that the Ventilation Safety Group (VSG) will consider the proposal at their meeting in more detail and discuss how to progress to a feasibility survey and business case. An update provided to the Assurance and Risk team in January 2024 advised that the respiratory pathway agreed in principle will need approval by Welsh Government as this does not meet the WHC requirements. The Interim Director of Nursing, Quality & Patient Experience supported that the pathways need to be agreed and advised that discussions are to be held with the Consultant Practitioner of Infection Prevention. In January 2024, Welsh Government requested a re-audit of isolation room facilities (previously undertaken pre-COVID) across the NHS Wales estate to ensure that facilities are compliant with the current guidance and to ensure they are fit for the future. The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 1640 on Datix - Airborne Isolation Room Requirements.	Not provide	1640-Airborne Isolation Room Requirements- Current risk score 15	Capital Investment to be explored following proposal accepted by Welsh Government.	Yes

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	UHB implement ation date	Datix risk reference	Additional resources required	Capital required?
017-19	2019	Living with persistent pain in Wales guidance	welsh-health-circular-living-with-persistent-pain-in-wales-guidance.pdf (gov.wales)	07/05/2019	Information/Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Operations	Lydia Davies	Apr-22	Not provided	Not provided	Amber	QSEC	27/11/2023 - Welsh Government relaunched these guidelines on 18/09/2023 in Cardiff and the Health Board's clinical lead attended and presented at this event. The presentation on the developed ePMP (self-directed Pain Management Programme developed by Dr Ffion John and Alec MacHenry in conjunction with OSP Healthcare digital health) was well received and much interest expressed to be able to utilise this digital programme as part of a national digital health plan. The Health Board's Director of Research, Innovation and Value and Deputy Head of Innovation & TriTech are involved in looking at the options available to utilise this programme clinically within the Health Board and wider afield. This aligns well with the Living with Persistent Pain Document (LWPP), which advocates earlier and more accessible support for people living with persistent pain. The WG National Pain Leads have also set up an Operational Pain Service group, which both Dr Ffion John, Dr Susmita Oomman, and Lisa Reynolds attending. This group will be looking at increasing equity and consistency of Pain Service delivery across Wales, starting with the referral criteria. Part of this work is being looked at in detail via an EQliP project to improve quality of referrals into the service and encourage more effective Pain Management work in Primary and Community Care. The BPS service have two commissioned services in Primary Care clusters (North Ceredigion and Amman Gwendraeth) until 31st March 2025. Again, this is fully in line with the LWPP guidance and is evidencing the need to have Pain Clinicians based in Primary Care.	Jan-25	No Risk	Not known	No
009-21	2021	School Entry Hearing Screening pathway	https://gov.wales/sites/default/files/publications/2021-04/school-entry-hearing-screening-pathway_0.pdf	25/03/2021	Action	Policy	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.	Director of Operations	Jane Deans	Sep-22	Health Boards	Immediately	Red	QSEC	An SBAR on the WHC was submitted for discussion at the directorate's Improving Together meeting in June 2023 which outlined preferred options on how the Health Board could progress this Welsh Health Circular. The Assurance and Risk team have received no feedback following this session and it is hoped it will be discussed at a future session. Without a decision, no implementation date can be provided by the service. The risk of non-compliance with this Welsh Health Circular is monitored via Risk 1456 on Datix - Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening (Current risk score 8)	Dec-22 N/K	1456 -Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening (Current risk score 8)	Funding	?

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	UHB implement ation date	Datix risk reference	Additional resources required	Capital required?
004-22	2022	Guidance for the provision of continence containment products for children and young people: a consensus document	guidance-for-the-care-of-children-and-young-people-with-continence-problems.pdf (gov.wales)	21/10/2022	Action	Quality and Safety	Consensus guidance document regarding the provision of continence containment products to children and young people, to ensure all children and young people who have not toilet trained, or have urinary or faecal incontinence, undergo a comprehensive assessment and have access to an equitable service	Director of Operations	Tracey Brucknell	Aug-25	LHB Directors of Nursing	31/10/2022	Red	QSEC	30/11/2023 - Discussion around this WHC at last 'Improving Together' session, including potential funding via Pelvic Health. Confirmation at November's Directorate QSE meeting that funding will not be obtainable via this route	31/07/2023 31/08/2023 N/K	1615 - Care of CYP with Continence problems (Current score 12)	Finance	No
017-22	2022	Wales rare diseases action plan 2022 to 2026	https://gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022%E2%80%932026-whc-2022-017_3.pdf	16/06/2022	Action/Information	Policy	To work with Welsh Health Specialised Services Committee (WHSSC), Rare Disease Implementation Group (RDIG), third sector and other relevant organisations to facilitate and implement the priorities and actions outlined in the Wales Rare Disease Action Plan.	Medical Director	Dr Alice Setti	Dec-26	All Health Boards, HEIW, WHSSC	Ongoing	Amber	QSEC	12/09/2023 - Positive progress was made in 2022/23 by a clinician employed within the Health Board who had an interest in rare diseases and was leading the implementation of the Wales Rare Diseases Action Plan by providing feedback from the quarterly Rare Disease Implementation Group meetings and creating a template on behalf of the Health Board, gathering information from all organisations involved on matters relating to actions within the plan and monitoring progress. In June 2023, this clinician left the Health Board and the Senior Nurse Manager for Scheduled Care has since been appointed as the new Clinical representative at the Rare Diseases Implementation Group. We have also been informed by the Rare Diseases Implementation Team that we are entitled to a Strategic representative; the Head of Effective Clinical Practice and Quality Improvement will be assigned to this post for the interim. The Lead Nurse Professional Standards and Assurance and Head of Effective Clinical Practice and Quality Improvement represent the Health Board at the Rare Diseases Implementation Group. Both attended the last meeting, held in October 2023, and will attend the quarterly meetings going forward. A revised version of the Wales Rare Diseases Action Plan 2022 – 2026 was shared at the October meeting. The two Health Board representatives will ensure that any actions required by the Health Board are considered locally.	31/12/2026	N/A	N/A	No

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	UHB implement ation date	Datix risk reference	Additional resources required	Capital required?
019-22	2022	Non Specialised Paediatric Orthopaedic Services	https://gov.wales/sites/default/files/publications/2022-07/non-specialised-paediatric-orthopaedic-services.pdf	21/06/2022	Action	Quality and Safety / Information Governance / Performance / Delivery / Public Health Policy	To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.	Director of Operations	Lydia Davies	01/04/25	All health boards	01/04/2025	Amber	QSEC	27/11/2023 - Still awaiting further feedback and information from WHSSC (Welsh Health Specialised Services Committee).	01/04/2025	No Risk	Not known	No
021-22	2022	National Optimal Pathways for Cancer (2022 update)	https://gov.wales/sites/default/files/publications/2022-07/national-optimal-pathways-for-cancer-2022-update.pdf	28/07/2022	Action	Quality and Safety	Setting out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer.	Director of Operations	Debra Benett	N/A	Local Health Boards NHS Trusis All Health Boards	30/09/2022	Red	QSEC	19/12/2023 - Work is continuing on the implementation of this WHC, 9 of the National Optimal Pathways (NOPs) reviews have taken place with work ongoing on the remaining pathways. Progress of this process is monitored via Risk 1685 on Datix - Non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update), with an Action aligned to each Pathway.	34/08/2023 N/K (Service unable to provide an UHB implementation date due to the complexity of the pathways)	1685 - Non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) Current risk score 9	£3mil+ required (for diagnostic 7 day turnaround element)	?
028-22	2022	More than just words Welsh language awareness course	Not available online	10/11/2022	Action	Workforce	Plan to strengthen Welsh language services in health and social care. At its core is the Active Offer principle which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them.	Director of Communications	Enlys Williams/Michelle James	N/A	All health boards	Immediate	Red	QSEC	One action from the WG 'More than just words plan' is that all NHS and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. The Health Board's current completion rate of the Welsh language awareness module on ESR as of 22nd January 2024 is 74.74% with the staffing group 'Administrative and Clerical' at a completion rate of 85.51%. The Health Board's criteria for compliance with mandatory training on ESR is 80%, therefore this has been selected as the target for compliance with this WHC, after which it will be turned Green.	Jun-23 N/K	1232	Not known	No

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032-22	2022	Further extending the use of Blueteq in secondary care	https://www.gov.wales/sites/default/files/publications/2023-03/further-extending-the-use-of-blueteq-in-secondary-care.pdf	21/03/2023	Action	Health Professional Letter	Guidance regarding the Implementation of the high-cost drugs reporting system.	Director of Primary Care, Community and Long Term Care	Chris Brown	Apr-24	Medical Directors, Finance Directors, Chief Pharmacists, Local Health Boards and NHS Trusts	01/04/2023	Amber	QSEC	Implementation will be staged and in accordance with priorities set out by the national steering group. The national roll out of Blueteq, a high-cost drugs reporting system, will be managed by the All Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of WG. The Health Board is aiming to implement and adopt all available (first phase) drug profiles by 1 April 2024. The Health Board has representation on the Blueteq Steering Group with national drug approval templates being developed on a Once for Wales approach. The Lead Clinical Development Pharmacist confirmed that there is a delay in implementation due to Information Governance issues with one Health Board in Wales, with discussions ongoing nationally to resolve and progress. An update on the current position is to be presented at SDODC December 2023.	Apr-24	N/A	N/A	No
001-23	2023	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	https://www.gov.wales/sites/default/files/publications/2023-01/WHC%20-%20Eliminating%20Hepatitis%20B%20and%20C%20as%20a%20public%20health%20concern%20in%20Wales%20-%20Actions%20for%2022%20and%2023%2024.docx	12/01/2023	Action	public Health	This update serves to refresh our commitment to eliminate hepatitis B and C and outlines key actions required by health boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24	Director of Public Health	Joanna Dainton / Megan Harris	A further circular will be issued in 2023	Health Board Chief Executives Health Board Medical Directors Health Board Nurse Directors Health Board Chief Operating Officers Health Board Finance Directors	31/03/2024	Amber	QSEC	The Hepatitis B & C action plan was submitted to WG at the end of August 2023, and the UHB is awaiting formal feedback in terms of what is needed to amend the plan. An Eliminating hepatitis (B and C) Steering Group is in place to facilitate completion of this joint recovery plan alongside the Area Planning Board (APB). The action plan is on track to be implemented by the WHC deadline of March 2024.	31/03/2024 (in line with date stipulated in WHC)	N/A	N/A	No
003-23	2023	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	https://www.gov.wales/early-developmental-impairment-or-intellectual-disability-whc202303-html	04/03/2023	Action	Quality & Safety	A clinical guideline for the investigation of moderate or severe early developmental impairment or intellectual disability.	Director of Operations	Tracey Brucknell	May-25	All Health Boards	01/04/2023	Amber	QSEC	28/11/2023 - SDM to determine whether there are any actions generated/whether a risk is required following the scoping exercise (which has now been completed).	Mar-24	Risk being considered	Not at this time	No

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030-23	2023	New 2023 National Safety Standards for Invasive Procedures (NatSSIPs2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	https://www.gov.wales/sites/default/files/publications/2023-08/new-2023-national-safety-standards-for-invasive-procedures-natssips2-by-the-centre-for-perioperative-care-cpoc-and-patient-safety-notice-psn.pdf	11/08/2023	Action	Quality & Safety	Organisations are expected to act on NatSSIPs2 and ensure that the actions specified in PSN034 are applied accordingly.	Medical Director	Lisa Davies	N/A	Local health boards and NHS trusts, primary care providers	Immediate	Red	QSEC	Head of Effective Clinical Practice and Quality Improvement confirmed the Medical Directorate are happy to co-ordinate the response to the WHC, as confirmed by the Assistant Director of the Medical Directorate. The actions cut across many Directorates. The Medical Directorate will develop an action plan in response to NatSSIPs 2, and progress this under the remit of a Steering Group as required. A Steering Group has been arranged for the 31/01/2024. Terms of Reference will be agreed at the meeting, and a Chair and Deputy Chair nominated. The Steering Group will oversee the action plan to support delivery of NatSSIPs 2. Co-ordination will be provided by the Medical Directorate but responsibility for delivery of the actions will sit with the respective Directorates and teams.	N/K (reliant on the input from various other services and teams to determine what is deliverable and when by, potential implementat ion date to be provided after initial meeting due to take place in January 2024)	TBC	TBC	No
031-23	2023	AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	https://www.gov.wales/sites/default/files/publications/2023-08/amr-hcai-improvement-goals-for-2023-24.pdf	22/08/2023	Action/Information	Quality and Safety	What we expect health boards and trusts to do to reduce healthcare associated infections and antimicrobial resistance.	Director of Nursing, Quality and Patient Experience	Fances Howells	Mar-24	Health Boards/Trusts: Chief Executives Medical Directors & Nurses Nurse Executive Directors Infection Control Directors Directors of Public Health	Immediately	Red	QSEC	The WHC goals for HCAI are unchanged from last year and while the UHB remain non-compliant for our HCAI's, (we are currently under enhanced monitoring for increased numbers of C.diff and noted on the Risk Register), we are showing signs of improvement for both C.diff infections and Staph aureus bacteraemias, though Gram negative bacteraemias remain a concerning picture (similarly across Wales).	N/K	1490 (Increased risk of patient harm due to escalating rates of Clostridioides difficile Infection (CDI)). (service level, current risk score 12)		No
035-23	2023	Update of Guidance on Clearance and Management of Healthcare Workers Living with a Bloodborne Virus (BBV) and a Reminder of Health Clearance for Tuberculosis	Health workers with bloodborne viruses (BBV), and TB clearance (WHC/2023/035) GOV.WALES	03/11/2023	Action	Public Health	The guidance provides updated, evidence-based recommendations that are intended to: <ul style="list-style-type: none">• reduce the risk of HCW to patient transmission of BBVs.• reduce the future burden of patient notification exercises (PNEs)• retain HCWs in the workforce and reduce adverse social and professional impact on HCWs living with BBVs.	Director of Workforce & OD	Head of Occupational Health	N/A	Chief Executives Medical Directors Executive Directors of Nursing Executive Directors Workforce Directors of Public Health	Immediate	Red	QSEC		TBC			

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040-23	2023	The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC)	https://www.gov.wales/newborn-and-infant-physical-examination-cymru-whc2023040.html	09/11/2023	Action	Workforce/Quality & Safety	The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC) have published new set of guidelines and standards for the Newborn and Infant Physical examinations for implementation by health boards in Wales.	Director of Nursing, Quality and Patient Experience	Kathryn Greaves	Nov-23	Local health boards Maternity and neonatal services Paediatric services Primary care services NHS Executive	Nov-23	External	QSEC	22/01/2024 - A meeting with medical leads confirmed the Health Board is compliant with the practical elements of this WHC as well as training requirements covered. There is no national or local system currently available to comply with data capture requirements, therefore the status of this WHC has been changed to 'external' (i.e. outside the gift of the Health Board to comply with at this time).	TBC		TBC	
038-23	2023	Healthy Start eLearning Course	https://www.gov.wales/healthy-start-elearning-course-whc2023038	09/11/2023	Action	Workforce	WG have developed a bite-size training course for health professionals to raise awareness of Healthy Start and how it can support our most vulnerable young families to access healthier food, thereby contributing to reducing food poverty and consequent health inequalities that arise from poor diet (such as obesity and increased risks of non-communicable diseases). The course is accessible via the Electronic Staff Record (ESR) system and Learning@Wales platforms. It will be mandatory for all health care professionals working with pregnant women and families with children under 4 years old. This will include staff within Flying Start, Child and Adolescent Mental Health Services, those working in children's centres, healthcare support workers, community nursery nurses, assistant practitioners, and Allied Health Professionals. It will need to be retaken every 3 years, or sooner if there are significant changes to the scheme. It should be introduced as part of the induction process for new employees who have not already undertaken the training and for those already in post, they should be informed that they will need to complete it. Completion rates will be collated by NHS Shared Services Partnership	Director of Public Health	Dr Rob Green	N/A	All health care professionals working with pregnant women and families with children under 4 years old including staff within Flying Start, Child and Adolescent Mental Health Services, those working in children's centres, healthcare support workers, community nursery nurses, assistant practitioners, and Allied Health Professionals.	With Immediate Effect	Amber	QSEC	Conversations have taken place with workforce leads on how we ensure this is aligned to ESR, scoping work to take place before we can be compliant with this WHC. The Assistant Director of People Development advised that they are waiting for the National competencies to go live. This has delayed allocation so will monitor and implement as soon as these competencies have been established.	Mar-24		TBC	TBC
001-24	2024	Changes to the way individuals who are at highest risk from Covid-19 access lateral flow tests and Covid-19 treatments	Not yet available	10/01/2024	Information	Delivery/Public Health	Welsh Government guidance on changes to the way individuals who are at highest risk from Covid-19 access lateral flow tests and Covid-19 treatments from 1st Feb 2024.	Director of Public Health	Glenna Jones (Head of Nursing)	N/A	Health and Social Care staff under 4 years old	N/A	Amber	QSEC	Communications shared with local authorities for dissemination to care homes and special schools. NWSPP (stores managers) advised of no change to ordering procedure for secondary care. Communication leads will discuss need for local communications, national communications or both. Benchmark with other Health Boards' and confirm Health Board Communications Strategy.	26/01/2024			

Direction Number	Name of Direction	Link	Date Issued	Description of Direction	Lead Service / Directorate	Lead Director assigned to Direction	Lead Officer	Update on progress	RAG Status	UHB implementation date (if applicable)
WG21-59	The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	https://gov.wales/sites/default/files/publications/2021-07/the-directions-to-local-health-boards-and-nhs-trusts-in-wales-on-the-delivery-of-autism-services-2021.pdf	26/07/2021	Directions to Local Health Boards and NHS Trusts on autism services for 2021. Each Local Health Board and each NHS Trust must exercise its functions in accordance with the relevant provisions of the Code of Practice on the Delivery of Autism Services, which was issued by the Welsh Ministers on 16 July 2021 and which came into force on 1 September 2021.	MHLD	Director of Operations	Assistant Director, Mental Health and Learning Disabilities / Service Delivery Manager, Neurodevelopmental Services	Assistant Director, Mental Health & Learning Disabilities confirmed the UHB is still on track for the completion date of October 2025, and provided the following update: 1.The UHB continues to work with the Regional Partnership Board in the development and delivery of the Code of Practice Implementation Plan which requires a multi agency response to address the recommendations outlined in the Code 2. The UHB continues to work in collaboration with partner agencies in the delivery of the 3 year Improvement Plan with a focus on achieving the 3 priority areas of -Improving urgent need and family support -Building sustainable services -Cross cutting themes to focus on workforce,digital, data and monitoring 3. Welsh Government have commissioned an independent evaluation of the Code of Practice for 2023 to identify the current position of all services in respect of the code ,identify what data is collated and review this to identify barriers and enablers to implementation and identify recommendations for improvements in meeting the duties of the Code 4. Welsh Government has made £12million available as part of a 3 year Improvement Plan. There is now the NHS Executive Recommendations for CYP in respect of ND services (ASD/ADHD) which the service have developed an integrated plan for and will be working to implement jointly across ND services and Child Health with a focus on strengthening joint working and pathways. Risk 1287 (Risk of clients not being provided with timely interventions due to waiting lists for assessment & diagnosis of ASD. Service level, current risk score 20) is included on the MH&LD risk register in relation to this MD.	Amber	Oct-25
WG23-08	Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	https://www.gov.wales/sites/default/files/publications/2023-03/local-health-boards-and-nhs-trusts-reporting-on-the-introduction-of-new-medicines-into-the-national-health-service-in-wales-directions-2023.pdf	24/03/2023	Directions regarding the Implementation of the high-cost drugs reporting system.	Medicines Management	Director of Primary Care, Community and Long Term Care	Clinical Director of Pharmacy and Medicines Management	Implementation of this MD is aligned to the Welsh Health Circular 032-22 (Further extending the use of Blueteq in secondary care). The national roll out of Blueteq, a high-cost drugs reporting system, will be managed by the All Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of WG. The Health Board is aiming to implement and adopt all available (first phase) drug profiles by 1 April 2024. The Health Board has representation on the Blueteq Steering Group with national drug approval templates being developed on a Once for Wales approach. The Lead Clinical Development Pharmacist confirmed that there is a delay in implementation due to Information Governance issues with one Health Board in Wales, with discussions ongoing nationally to resolve and progress.	Amber	Apr-24
WG23-27	The Primary Care (E-Prescribing Pilot Scheme) Directions 2023	https://www.gov.wales/sites/default/files/publications/2023-06/the-primary-care-e-prescribing-pilot-scheme-directions-2023.pdf	01/06/2023	Directions to local health boards as to the Primary Care (E- Prescribing Pilot Scheme) Directions 2023.	Medicines Management	Director of Primary Care, Community and Long Term Care	Clinical Director of Pharmacy and Medicines Management	This MD came into force on June 1 2023. The E-Prescribing Pilot Scheme (EPS) will be piloted in North Wales and due to commence in October 2023. It is noted that this commencement date is dependent on GP prescribing systems and associated pharmacy systems being ready for EPS. The work is being led by Digital Health Care Wales (DHCW) and has overall responsibility for implementation. DHCW has set up an advisory group, and is attended by Hywel Dda representatives. Due to these factors, it was agreed by Medicines Management Operational Group (MMOG) to amend the status of this MD to “External”. The business case to be reported to the Digital Scrutiny Group in February and to the Sustainable Resource Committee. Then to the Executive Board in March for approval prior to submission to Welsh Government.	External	Oct-23 N/K
WG24-01	Wales Eye Care Services (Administrative List) (Wales) Directions 2024	https://www.gov.wales/wales-eye-care-services-administrative-list-wales-directions-2024	05/01/2024	The directions require local health boards to prepare and publish an administrative list of qualified practitioners (which includes dispensing opticians).	Scheduled Care	Director of Operationa	Service Delivery Manager, Ophthalmology and Neurology	The Assurance and Risk Team are liaising with service leads to obtain a progress update and implementation date	Red	N/K