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

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

April 2024

Situation

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

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

This report provides information on:

- Patient safety incidents including nationally reported patient safety incidents
- Focus on nutrition and hydration
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

Following the report provided to QSEC in February 2024 of progress in relation to the implementation of Welsh Health Circulars (WHC) under its remit, QSEC recognised that a number of WHCs were not being implemented due to funding. The Committee requested for assurance to be provided that there has been a clear decision-making process in relation to those WHCs were not being funded. The report provides further information to the committee regarding WHCs

Patient Safety Incident Reporting

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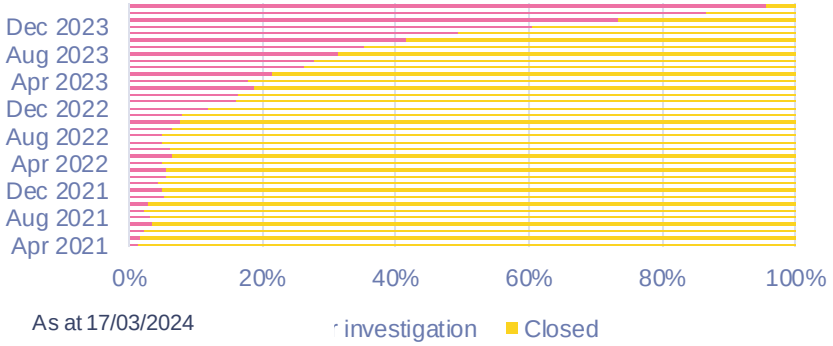
Patient Safety Incidents by month of occurrence

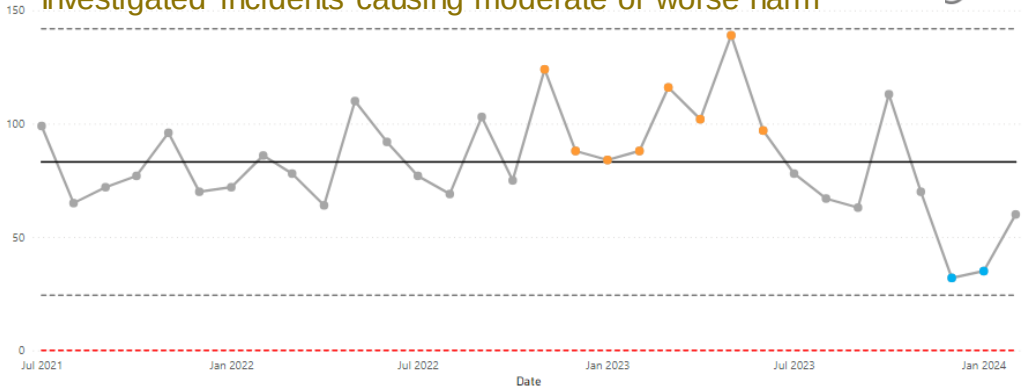
As at 29/02/2024

Patient Safety Incidents – investigation



As at 17/03/2024

Investigated incidents causing moderate or worse harm

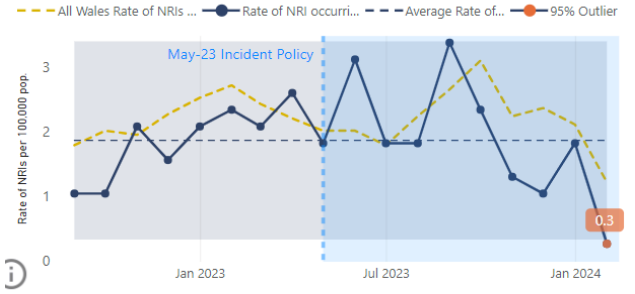


There were 16,687 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 18th February 2023– 17th March 2024.

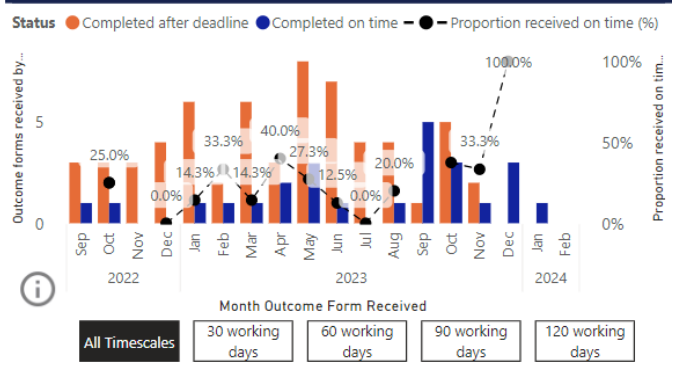
Of the 16,687 patient safety incidents reported, 9,958 have been closed. 2% were closed as moderate, severe or catastrophic harm.

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 occuring (by incident date) per 100,000 population as of 06/03/2024 - All incident types

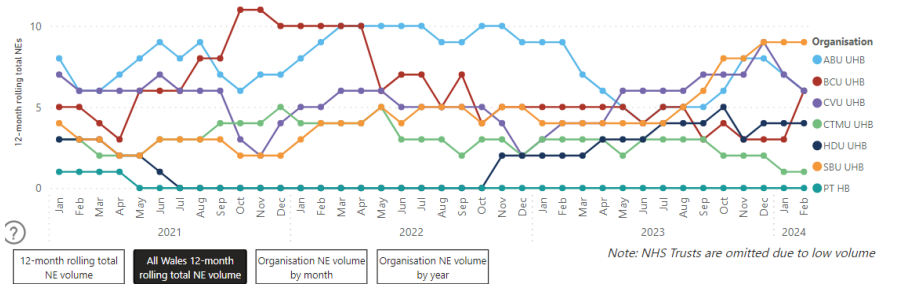


HDU UHB Proportion of NRI outcomes received on time - all investigation timescales as of 06/03/2024 - All incident types (excluding pressure ulcers)



Diogel Safe

All Wales 12-month rolling total Never Events occuring (by incident date) as of 06/03/2024



Safer Care Collaborative

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Community Care

1. **Alternative pathways for WAST-** Ceredigion
2. **Improvements in Palliative Care Communication-** Carmarthenshire

TUEC Policy Goals 1 & 2

Ambulatory Care

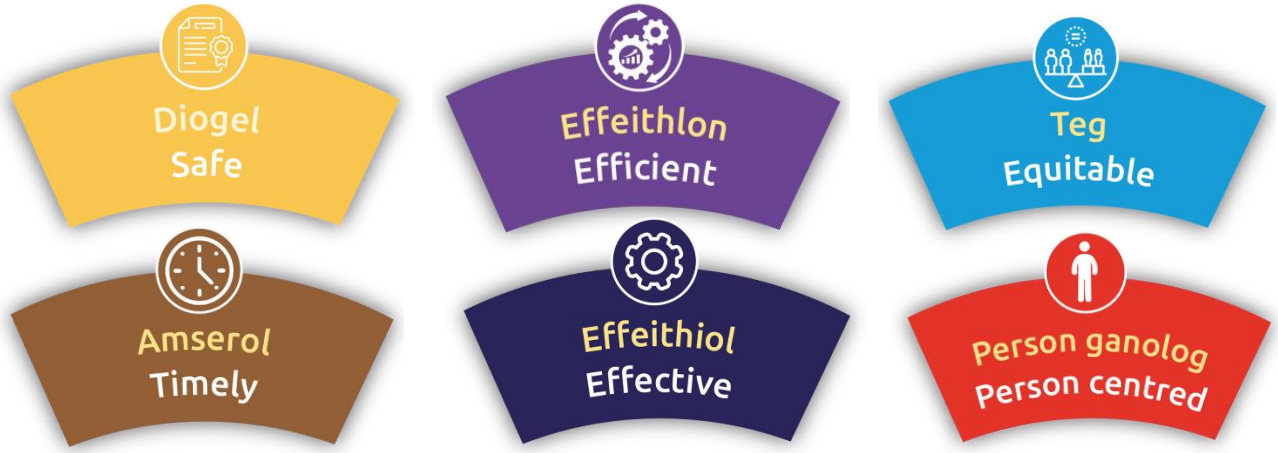
1. **Acute oncology admissions in SDEC-** WGH
2. **Borderline Criteria Patients in SDEC-** GGH
3. **Frailty Matters-**GGH

TUEC Policy Goals 3 & 4

Acute Care

1. **Hydration and fluid balance-** BGH
2. **Right patient, right place , right care, first time-** GGH
3. **Talk News-**WGH

TUEC Policy Goals 5 & 6



EQIP

Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice

linking concerns and other quality metrics to quality improvement

Nutrition and Hydration

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Wider driving forces to focus Malnutrition work:

- Malnutrition is a common and costly, complex condition, with multi-factorial causes (BAPEN 2018).
- WG Frailty Quality Statement, Malnutrition highlighted https://www.gov.wales/older-people-and-people-living-frailty-integrated-quality-statement-html
- Six Goals, Goal 1: Working together to deliver quality care in our emergency departments in Wales; 'what good looks like'.
- Six Goals, Goal 5: Optimal hospital care and discharge practice from the point of admission. Six goals for urgent and emergency care: policy handbook for 2021 to 2026 | GOV.WALES
- Welsh Value in Health Centre Enabling a whole system approach to value-based healthcare for Wales Value Based Health Care. https://vbhc.nhs.wales/files/our-strategy-to-2024/
- WG The Well-being of Future Generations (Wales) Act 2015 Welsh Government https://www.gov.wales/well-being-future-generations-act-essentials-html

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES | Canolfan Gwerth mewn Iechyd Cymru | Welsh Value in Health Centre

Our Vision – Making Malnutrition Matter

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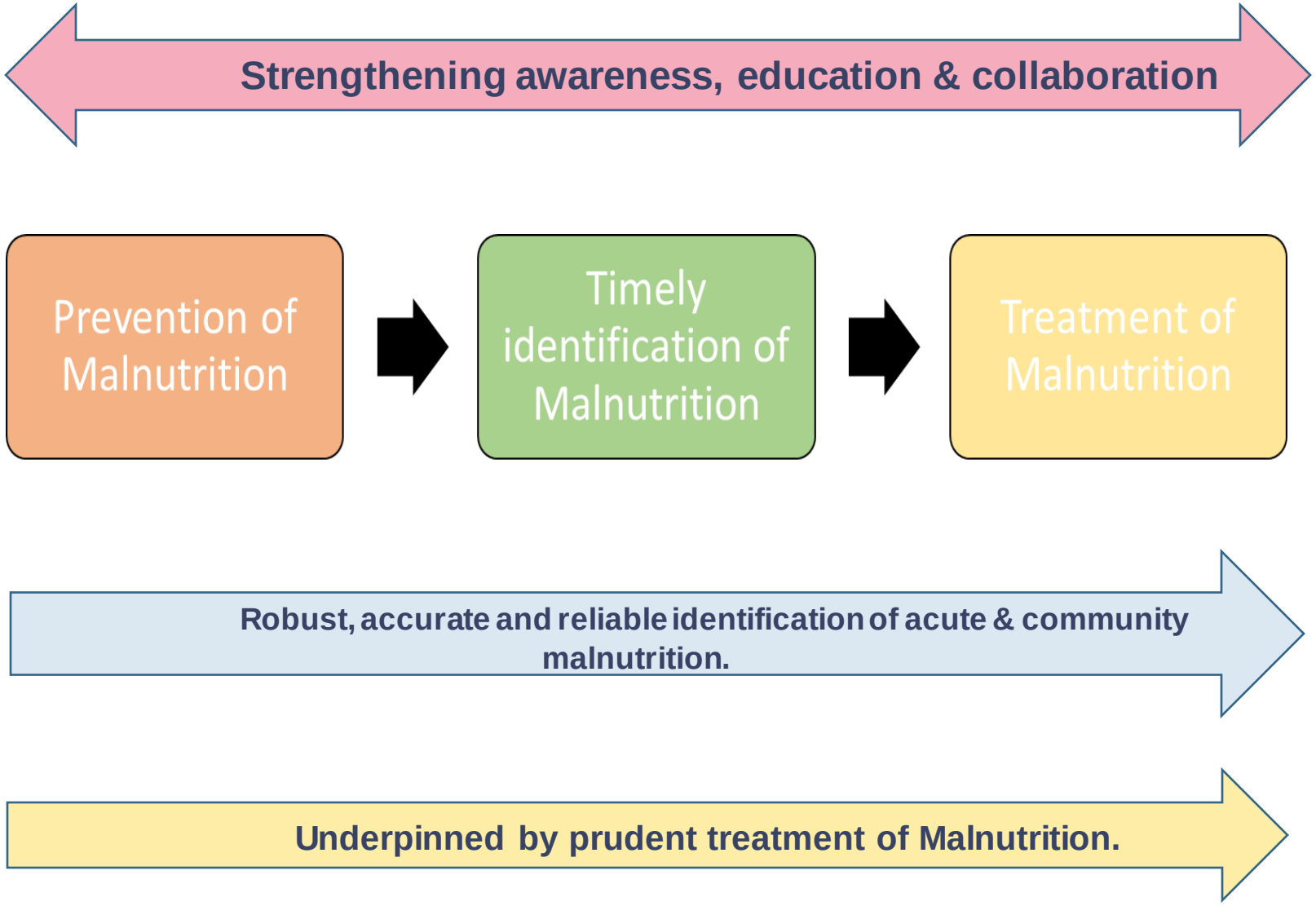
Achieve better outcomes & experiences for Patients. Reduce malnutrition associated demand and consequence on the Health and Care System in a sustainable way.

Provide focus for identifying the Presence of Malnutrition and appropriate equitable treatment across all Health and Care Settings.

Make addressing Malnutrition everyone's business: Staff, service users & their support networks, external agencies (3rd sector) and whole Communities.

Health Board call to action is a whole system approach to tackle Malnutrition: prevent, identify and treat.



Future operating model:

- Data & digital visibility for timely identification of acute & community settings malnutrition risk.
- Equity of nutritional care treatment embedded within clinical pathways. Using data to support the prudent treatment of malnutrition.
- Increased awareness & knowledge across all stakeholders of the value-added by treating malnutrition, and measures to capture it.

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1

WAASP risk screening scoping (Ombudsman / Concerns / Incidents / Digital Healthcare Wales/ BAPEN)

Started working on improving MUST screening in the community

2

Acute Site Nutrition & Hydration Assurance Meetings. Spread & Scaling to Community, Mental Health & Womens & Childrens Services.

Bimonthly NHG: periodically review Concerns, Incidents & Risks for themes, to share learning & align, prioritise & evaluate action

3

Improving Front of House Nutrition & Hydration (HIW Reports, Patient Concerns & Experience).

4

Education & Training

Quality Improvement

Nutrition & Hydration/ AKI Champion Model

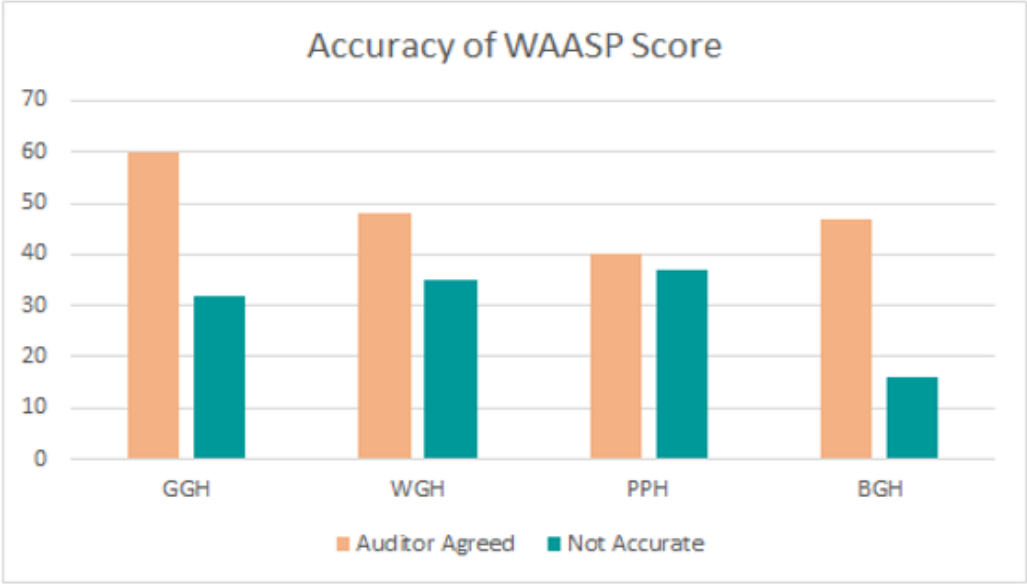
(pending) Food Safety e-learning (AW)

5

Ensuring good meal provision & robust meal pathways across all in patient sites

Improving access to Beverages & snacks. Adding Milkshake rounds

1



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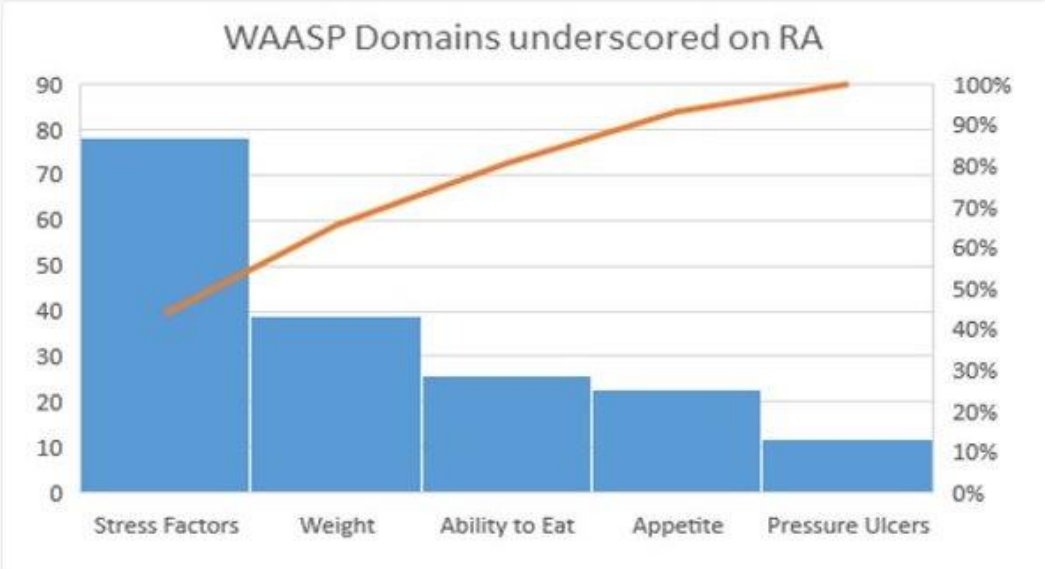
July 23: theme re screening identified in Ombudsman report & incidents. Triggered all acute site screening scoping exercise.

Screening is the fundamental first step in addressing malnutrition

62% assessments were completed accurately and 38% were not accurate for the patients reviewed.



- Collaborative improvement plans agreed
- Monitored via acute assurance meetings
- Sharing learning in AW forums (screening adds value vs the process)
- Initial indicators of improvement: increased referrals to dietetics
- Working to improve patient access to ward-based provision & optimise patient mealtime support

Patient meal provision & pathways

5

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- **New HB wide acute site menus** 2023, additional choices & improved breakfast options. Digital menus due to be made available to patients. New Paediatric menus pending (HIW recommendation)

- **Synbiotix digital menu system** in 3 acute sites. Datix risk 1484: risk of harm because of patient receiving the wrong diet. Current mitigated score: 10 (high risk). *Actions: food safety (including allergens) training requirement for nursing / addressing use of 'bulk meal ordering'*

- **Revised HB Mealtime Coordination Procedure (WCD 829) updated** framework for optimal patient mealtime

- **Withybush RAAC** impact on catering model & food service: rapid change from in house, plated to cook-freeze, bulk food service. Knock on impact at South Pembs. Some adverse impacts on patient meal experience & nutrition

- **Long-standing different food service model in Bronglais** - solely nursing managing food service at ward level. Plans to change from cook-fresh to, bought in cook-freeze due to catering fragility > not preferred model, meals still plated at kitchen level & hot held

- **Front of House Provision**: beverage & cold food vending in all units *BGH, ongoing work to establish sustainable access to water & to ensure safe systems of meal provision (HIW)

- **Intent for HB wide move to Cook-Freeze by end 2024**: significant change: HB must maintain compliance with WG standards, good patient experience & quality of provision

Clinically Assisted Nutrition – enteral & parenteral feeding

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NUTRICIA LIFE-TRANSFORMING NUTRITION | HOMEWARD

Acute

- 40-60 inpatients at any time
- HB WCD inform practice (safety)
- CNS Nutrition delivering NG feeding tube competency-based training (safety).
- *Datix incidents monitored > targeted training (safety)*

Current concerns

- Challenges securing packages of care for patients needing home enteral feeding who cannot self –care > impact on patient outcomes and length of stay

Action: exploring competency-based training for care staff

- Complex concern>legal: patient harm due to failure to provide vitamin during refeeding period.

Action: initial learning shared via 7 min briefing / new Parenteral Nutrition policy in final stages > active MDT engagement in consultation & implementation / Nutrition Support Team (NICE CG32)

Community

Home Enteral Tube Feeding

- ~260 patients tube feeding at home at any time
- Established contract with Nutricia (overseen by NWSSP)
- Focus on safe, proactive care, avoiding hospital admission
- Monitored via routine contract review meetings, KPIs, patient experience

2024 NWSSP tender for new contract, spec in final stages. Potential risk (AW) re associated HB staff funding & + reliance on company infrastructure.

Home Parenteral Nutrition (HPN)

5-10 patients on HPN at any time

Managed by Cardiff and Vale Health Board HPN service (Welsh Health Specialised Services Committee (WHSSC)

Local Standard Operating Procedure (SOP) for managing HPN patients admitted to Hywel Dda University Health Board.

BAPEN

Collaborative Nutrition and Hydration Group (NHG) Improvement Work Plan, 24-25

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- Strengthen community, mental health, women and children's Nutrition and Hydration related operational planning & reporting
- Malnutrition self-screening: link with improving health literacy
- Prudent & preventative model rolling out in Care Settings – fortified milkshakes
- Secure active multi disciplinary team engagement to implement new Parenteral Nutrition Policy
- Continue to influence National Workstreams
- *On the horizon*: new Welsh Government inpatient catering and nutrition standards
- Ensure and assure quality & patient experience optimised with pending change to cook-freeze catering.
- Spread and Scale using Quality Improvement methodology, ensure equity, sustain improvements
- Identify solutions to meeting care needs for patients on enteral feeding at home

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In summary

- Acute operational monitoring, reporting and assurance is improving, but need to strengthen in other areas
- Operational pressures are, at times, adversely impacting in-patient nutritional care
- NHG is sighted on areas for improvement & supports collaborative & aligned improvement plans
- When things go wrong the focus is on learning & improvement
- Patients at the front door are not yet reliably having an equitable & reasonable nutrition and hydration offer, but it is improving
- Stronger MDT (Nutrition Support Team) working is needed to improve management of patients on Parenteral Nutrition
- Significant change ahead in catering

Duty of Candour

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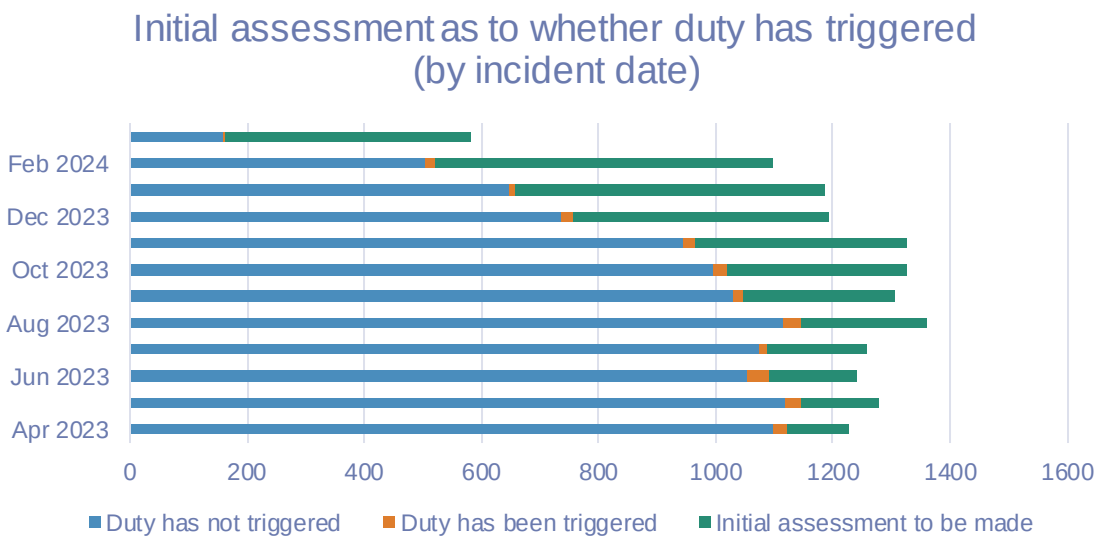

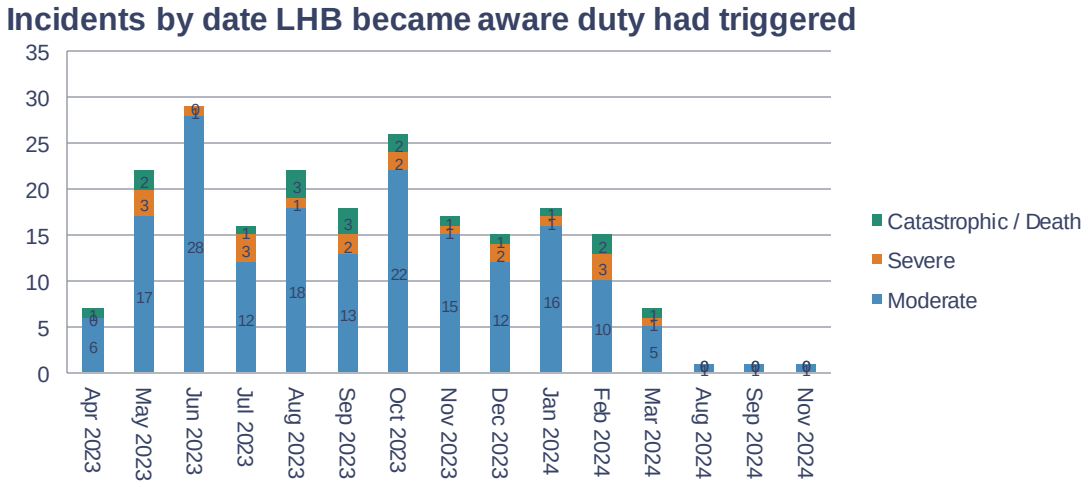

For each incident where the duty has been triggered the investigator/duty of candour lead is asked to provide a reason for why the duty has triggered. The reasons provided include:

- Patient fall resulting in injury
- Delay in handover between Welsh Ambulance Service Trust (WAST) and local health board.
- Missed diagnosis resulting in delay in treatment
- Pressure damage worsening during clinical care

Further education is also required for when the duty does trigger. Examples of reasons given

- Patient verbally informed by consultant
- Awaiting investigation
- Patient absconded from hospital

Having undertaken a review of the reasons provided for the duty triggering there is work required to strengthen the prompts within Datix Cymru. The system will be updated on 01/04/2024 and this change will provide more prompts to the staff assessing Duty of Candour.

Person ganolog
Person centred

Health Board (HB) Overview – IP&C

Healthcare Acquired Infection HCAI Comparative data across HB's

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

Additional filters for Table 1.

Select month or FY: Current FY

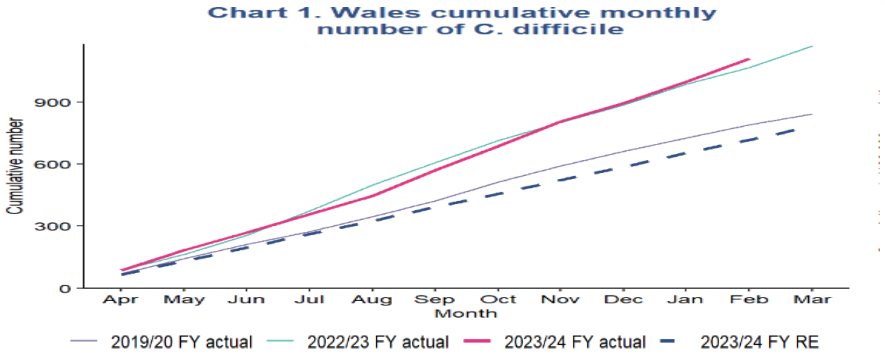
Select organism group: All organisms

- < than same period last FY
- = same period last FY
- > than same period last FY

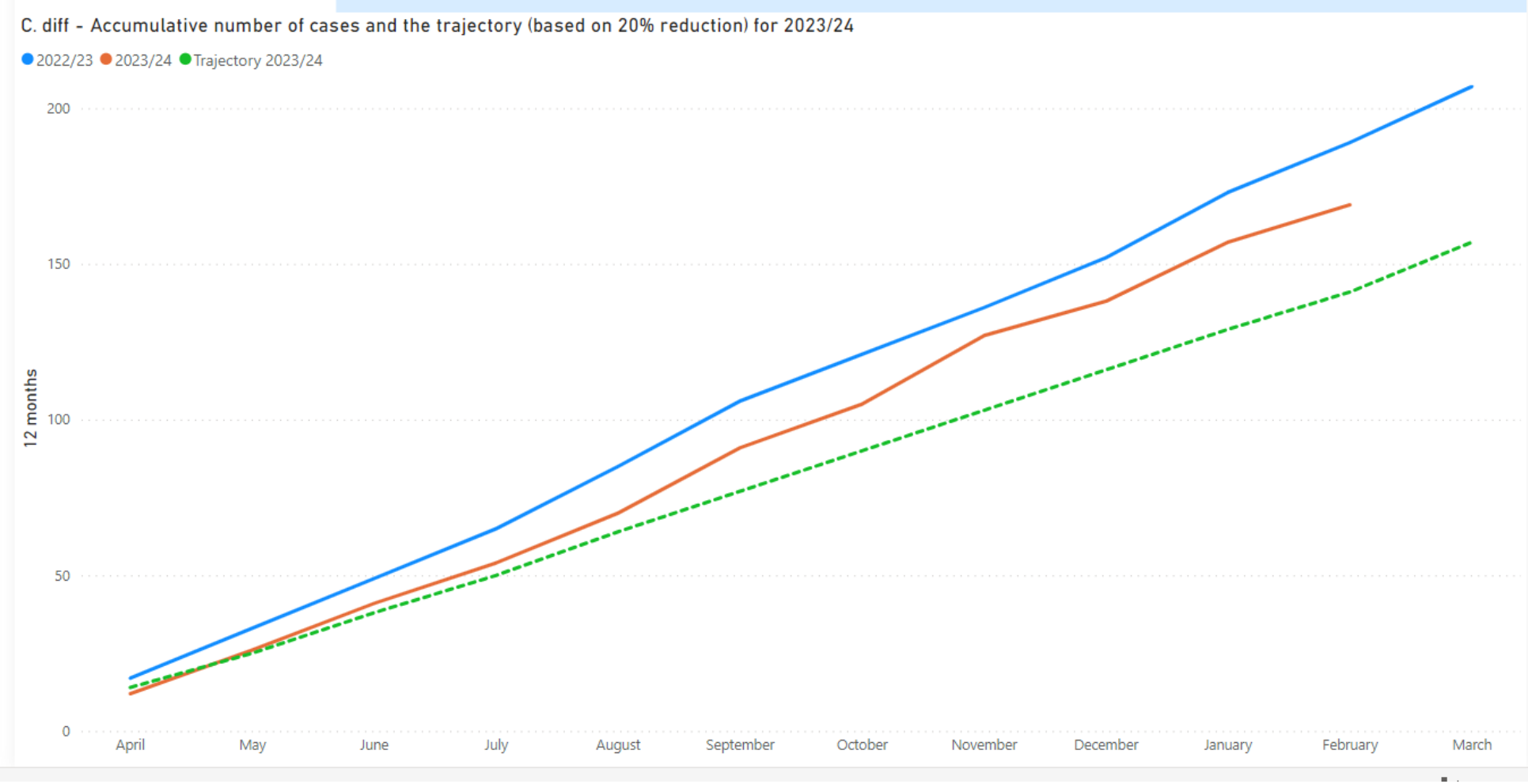
	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	37.87	1.66	20.32	59.86	22.72	4.06
Betsi Cadwaladr UHB	42.23	0.95	25.88	81.44	23.81	4.92
Cardiff and Vale UHB	20.31	2.59	29.61	69.15	24.63	3.89
Cwm Taf Morgannwg UHB	29.28	1.97	28.79	85.38	27.31	4.43
Hywel Dda UHB	47.95	2.55	24.68	103.84	26.38	7.66
Powys THB	20.4	0	0.82	1.63	0	0
Swansea Bay UHB	64.68	1.99	35.9	68.1	25.36	5.7
Velindre NHST						
Wales	**38.76**	**1.81**	**25.85**	**73.86**	**23.93**	**4.74**

The current position for HCAI data at the top of the slide shows that we have made improvements in C.*diff*, MRSA, MSSA and Klebsiella sp. While our P.*aeruginosa* figure is higher than other HB's, in context we have only had 5 cases within the last 3 months (only 1 of which was HAI). Clearly, we continue to have an issue with E.*coli*, improvement work is planned with PHW and local authority to address this in the long term.
The bottom 2 graphs show the trajectories for both HD (an improving position over last year) and All Wales (a deteriorating picture over last year).

Diogel Safe



C.*diff* reduction trajectory for 2023/24



IP&C Learning and Action

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HCAI Scrutiny Meetings

Actions identified include:

- Deep clean of patient's rooms following cessation of symptoms (ie *C.diff*/Norovirus) rather than wait for discharge to reduce potential of re-infection.
- Paper copy of stool chart to be kept at bedside to ensure access for all staff to view current status including fluid loss – currently kept on WNCR but issues with medical capacity to view.
- Focused work on hand hygiene and appropriate glove use – validated audits confirm improvement of mean average from 40% to 52%.
- Improved cleaning products including use of sporicidal disinfectant.
- C.*diff* ward rounds introduced to ensure safe and effective management of patients' condition.
- Education: Dedicated C.*diff* and UTI workshops delivered to staff; C.*diff* education sessions delivered to medics.
- Alert systems for medics/staff: - C.*diff*/PPI stickers placed in medication charts and alerts entered into WPAS and Clinical Portal.
- Practice Improvement: ANTT training – competency trained assessors for each ward/dept.
- SSTF audits: much improved medical engagement in WGH & significant increase in audits being carried out (AMP feeding back directly to medical director). Poor and sporadic compliance reported by AMPs on all other acute sites
- Work ongoing to reduce threshold for greater use /safe use of gentamicin instead of Meropenem and Tazocin (as per guidelines).
- AMP/microbiology meeting with surgeons in April to address long courses of surgical prophylaxis (outside of prescribing guidelines) and what appears to be excessive use of IV co-trimoxazole (not in guidelines. If IV required should be gentamicin). AMPs reported spend of £120k in 2023 on IV co-trimoxazole – IV costs £20 / day, compared to 60p orally).

HIW inspection activity:
01/01/24 to 29/02/24

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There has been 1 new inspection from 1 January 2024 onward, to date. Withybush Diagnostic Imaging (Radiology) Department received a team of inspectors at the end of January 2024. Feedback on the day was positive. The Health Board await the draft report for this inspection.

The Health Board has participated in a number of reviews involving an on site review at Glangwili General Hospital in relation to management and consideration of **DNACPR**. This involved a trawl of 50 Health Board records over a 2 day period by 3 external inspectors.

The Health Board has also been requested to participate in a ***National Joint Review of Child and Adolescent Mental Health Services (CAHMS)**. This has involved the provision of a vast quantity of information regarding service specification as well as a follow up interview regarding service delivery, pathways of care, equitable access to services and workforce challenges within the directorate.

All open HIW / other body inspection actions plans are chased on a monthly basis. Directorates are able to log into the live AMaT system and update their own actions and upload evidence of completion.

The Health Board has been requested to provide HIW with information around the governance of the **Mental Health Legislation Scrutiny Group (MHLSG).** Concerns relate to where and how the committee / group review qualitative data with regard to how our service users feel / what their feedback is about their experience being detained under the Mental Health Act and how this information is monitored or audited so the Health Board has assurance.

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

*Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW), and Estyn Joint National Review: How are healthcare, education, and children's services supporting the mental health needs of children and young people in Wales

HIW Quality Checks/Inspections: Recent reviews and inspections

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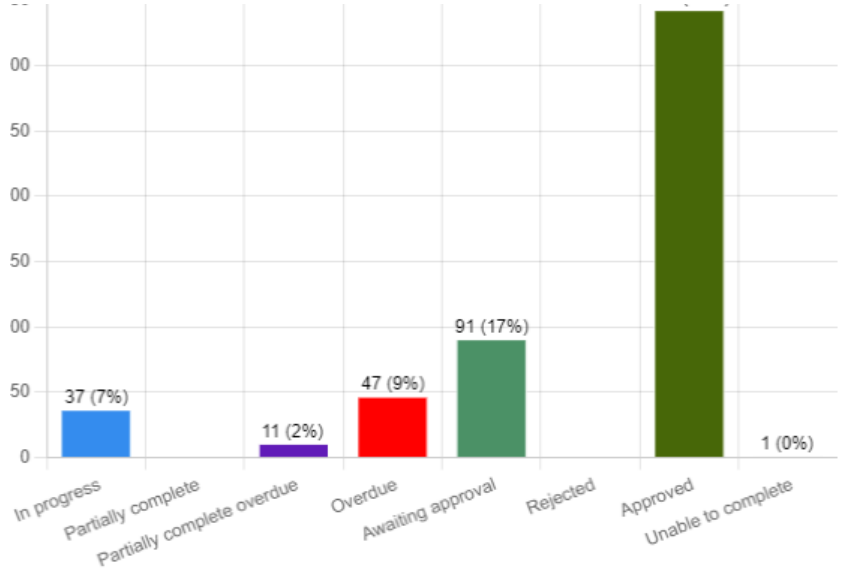
Open HIW inspections

Summary

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
17	128/298 (43%)	8/10 (80%)	0	0	37	0	12	47	1	90	0	301



Completed HIW inspections

Summary

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
11	34/34 (100%)	0	0	0	0	0	0	0	0	0	0	42

HIW Quality Checks/Inspections: Open reviews and inspections

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

Code	Title	MD	SD	WN	PIR	Actions							
						In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
Health Inspectorate Wales/2023/38	HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	2/6 (33%)	4/5 (80%)	0	0	0	0	0	4	1	2	0	21
Health Inspectorate Wales/2022/17	HIW Bryngofal inspection July 2022	0/19 (0%)	0	0	0	0	0	0	1	0	18	0	0
Health Inspectorate Wales/2019/5	HIW Cadog Ward and Ceri Ward, Glangwili Hospital March 2019	0/1 (0%)	0	0	0	0	0	0	0	0	1	0	0
Health Inspectorate Wales/2023/28	HIW Clinical Review into the Death of a Service User in HMP Parc	0/1 (0%)	0	0	0	0	0	1	1	0	0	0	0
Health Inspectorate Wales/2022/19	HIW GGH IRMER Inspection (Nov 2022)	18/21 (86%)	0	0	0	0	0	1	1	0	1	0	32
Health Inspectorate Wales/2022/20	HIW Glangwili A&E Inspection (Dec 2022)	11/27 (41%)	0	0	0	0	0	1	0	0	45	0	47
Health Inspectorate Wales/2023/29	HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	3/40 (8%)	0	0	0	4	0	0	21	0	1	0	6
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	0/9 (0%)	0	0	0	0	0	0	0	0	0	0	0
Health Inspectorate Wales/2022/16	HIW National Review of MH Crisis Prevention March 2022	14/19 (74%)	0	0	0	0	0	0	0	0	7	0	32
Health Inspectorate Wales/2022/50	HIW National Review of Patient Flow (Stroke Pathway)	4/46 (9%)	0	0	0	28	0	2	2	0	8	0	13

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

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

Code	Title	MD	SD	WN	PIR	Actions							
						In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
Health Inspectorate Wales/2020/35	HIW National Review: Maternity Services 2020	31/32 (97%)	0	0	0	0	0	0	0	0	0	0	31
Health Inspectorate Wales/2023/30	HIW Prince Philip Hospital Minor Injuries Unit (June 2023)	15/18 (83%)	0	0	0	0	0	0	3	0	0	0	48
Health Inspectorate Wales/2021/12	HIW St Caradog ward, Withybush Hospital	0/2 (0%)	0	0	0	0	0	1	1	0	0	0	1
Health Inspectorate Wales/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	0/18 (0%)	0/1 (0%)	0	0	5	0	3	10	0	4	0	2
Health Inspectorate Wales/2023/37	HIW Withybush A&E unannounced inspection (August 2023)	17/20 (85%)	4/4 (100%)	0	0	0	0	1	0	0	2	0	56
Health Inspectorate Wales/2021/1	HIW: Quality Inspection (Ty Bryn)	13/15 (87%)	0	0	0	0	0	1	0	0	1	0	12

Further information regarding overdue actions are included in appendix 1

Outstanding Welsh Health Circulars (WHCs) that require funding to implement

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Following the request at the last Quality, Safety and Experience Committee, the Assurance and Risk team have liaised with services to confirm:

- If funding is required to implement the WHC, has there been a decision to fund?
- If there has been no decision to fund, has a Quality Impact Assessment (QIA) been undertaken?
- Updates have been received during the period whereby services have been heavily involved in the submission of annual plans, and work will continue to monitor the progress of implementation of these WHCs, and associated risks, pending outcomes of the planning process.

A summary is included on the following 2 slides detailing whether the 9 WHCs as identified requiring funding in the previous update report submitted (of the 24 aligned to QSEC) have been considered as part of a decision-making process in relation to funding, and where applicable, if a QIA has been undertaken. Detail on each individual WHC can be found after the summary.

<u>Management Processes</u>

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.

Where there are WHCs which are unable to be implemented, service leads are required to assess whether a risk is required to be added to Datix in order to detail how this is being managed and mitigated, and to confirm whether the risk is being tolerated in the absence of agreed funding.

Summary- WHCs not been implemented within stated timescales (Red RAG status) which require funding to progress

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WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implement-ation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
033-18	Airborne Isolation Room Requirements	25/07/18	Interim Director of Nursing, Quality and Patient Experience	Not provided	Nursing	1640 - Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH	15	Funding required requested as part of the Capital Programme 2024/25	Not required as at March 24 – pending outcome of feasibility study
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/16	Director of Operations	~~31/03/23~~ 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 HB	12	Funding has been approved to implement a Fracture Liaison Service.	N/A
006-18	Framework of Action for Wales, 2017-2020 (Not Available Online)	01/02/18	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	WHC being taken forward as part of the 2024/25 annual plan.	N/A

Summary- WHCs not been implemented within stated timescales (Red RAG status) which require funding to progress

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WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implement-ation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/22	Director of Operations	~~31/08/23~~ Not provided	Women & Children - Community	1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service	12	No	Yes
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/22	Director of Operations	~~31/07/23~~ ~~31/08/23~~ ~~28/02/24~~ N/K	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	WHC being taken forward as part of the 2024/25 Annual Plan for specific pathways	No
009-21	School Entry Hearing Screening pathway	25/03/21	Director of Operations	~~31/12/22~~ N/K	Scheduled Care - Audiology	1456 - Risk of sub-standard/ inconsistent School Entry Hearing Screening due to lack of staff, training and equipment - WHC/2021/009	8	No	In progress

Summary- WHCs not been implemented within stated timescales (Amber RAG status) which require funding to progress

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WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementa -tion date	Lead Service	Datix risk reference	Progress update	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
001-23	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	12/01/23	Director of Public Health	31/03/24	Public Health	No risk	An element of funding is required to support the implementation of the WHC, however this is being reviewed against the health protection allocation for 2024/25.	No	No
035-23	Update of Guidance on Clearance and Management of Healthcare Workers Living with a Bloodborne Virus (BBV) and a Reminder of Health Clearance for Tuberculosis	03/11/23	Director of Workforce & OD	31/03/24	Workforce	No risk	Band 5 clinic nurse vacancies required to be appointed to in order to support the programme. TB risk assessment routinely completed as part of pre-employment clearance processes for staff with clinical contact.	WHC being taken forward as part of the 2024/25 Annual Plan.	N/A
009-24	COVID-19 Spring Booster Vaccination Programme 2024	08/02/24	Director of Public Health	30/06/24	Public Health	No risk	Funding for the programme is included within the health protection allocation for 2024/25.	No	N/A

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

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

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 as agreed in principle will need approval by Welsh Government (WG) 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.

In March 2024, the Assurance & Risk Team were advised that a request was submitted to the Health Board's Discretionary Capital Team for approval for a feasibility study for the first facility to be undertaken as soon as possible, and this has been agreed and signed off by the GGH triumvirate team (as per Health Board policy). The annual All Wales survey of Health Board facilities and compliance with the WHC has recently been undertaken by NWSSP – Specialist Engineering Services and their feedback/report is awaited. The Head of Capital Planning has the request for the first facility to be developed in GGH and it features within the top 20 priorities, however, an accurate estimation of cost cannot be determined until the feasibility study has been completed.

The 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)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/16	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 HB	12	Funding has been approved to implement a Fracture Liaison Service.

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.

Funding has been agreed to implement a Fracture Liaison Service. A clinical lead for bone health has been successfully employed and job descriptions have been developed for a Fracture Liaison Service practitioner and admin support in preparation for recruitment.

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/16	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 HB	12	Funding has been approved to implement a Fracture Liaison Service.

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Funding has been agreed to implement a Fracture Liaison Service. A clinical lead for bone health has been successfully employed and job descriptions have been developed for a Fracture Liaison Service practitioner and admin support in preparation for recruitment.

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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

This WHC was discussed at a previous Women & Children Directorate Improving Together session, with potential funding being sourced via the Pelvic Health service. There is no current budget/establishment for Paediatric incontinence in Hywel Dda. This is part of a wider service review of Hywel Dda Children's disability services as currently no children's disability provision in Pembrokeshire. An options appraisal paper is to be completed by April 2024 for Directorate Q&S to consider ways forward.

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	UHB Implementation date	Lead Service	Datix risk reference	Current risk score	Has there been a decision to fund?
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/22	Director of Operations	~~31/07/2023~~ ~~31/08/2023~~ ~~28/02/2024~~ N/K	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	WHC being taken forward as part of the 2024/25 annual plan for specific pathways.

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); 11 have been mapped, with the remaining 7 due to be reviewed. 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.

A review of the diagnostic requirement to meet the 7-day turnaround target in NOPs has been undertaken. The review initially considered the total funding requirement to enable the diagnostic turnaround 100% (£6.45m) and then progressed to consider “deliverability” with an annual cost requirement of £2.85m. This document is currently being reviewed by the Health Board’s Improving Quality Together mechanism.

The risk of non-compliance with this WHC is monitored via Risk 1685 on Datix – Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs. The risk was updated in December 2023 and each of the remaining 7 NOPs have been reflected in the action plan section, with a NOP mapping and gapping group established. A Project meeting is scheduled for April 2024 where revised completion dates for incomplete NOPs will be confirmed.

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

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

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 Head of Audiology has confirmed that the current system is working well and that Powys and Cwm Taf Health Boards both use a similar system, with the service provided by School Nursing rather than Audiology.

The 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 but are on schedule or have no compliance date stated on WHC (Amber RAG status)

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WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Lead Service	Has there been a decision to fund?	Has a Quality Impact Assessment (QIA) been undertaken
017-19	Living with persistent pain in Wales guidance	07/05/19	Director of Operations	Jan-25	Scheduled Care	TBC	TBC
017-22	Wales rare diseases action plan 2022 to 2026	16/06/22	Medical Director	Dec-26	Medical	No- no funding required	N/A
019-22	Non-Specialised Paediatric Orthopaedic Services	21/06/22	Director of Operations	Apr-25	Scheduled Care	TBC	TBC
032-22	Further extending the use of Blueteq in secondary care	21/03/23	Director of Primary Care, Community and Long-Term Care	Apr-24	Primary Care, Community & Long-Term Care	No- no funding required	N/A
001-23	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	12/01/23	Director of Public Health	Mar-24	Public Health	No	No
003-23	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	04/03/23	Director of Operations	Mar-24	Women & Children's	TBC	No
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 *	03/11/23	Director of Workforce & OD	Apr-24	Workforce & OD	Yes	N/A
009-24	COVID-19 Spring Booster Vaccination Programme 2024	08/02/24	Director of Public Health	Jun-24	Public Health	Funding is within the health protection allocation for 24/25.	N/A
010-24	Welsh Sustainability Awards- New Date	27/02/24	Director of Communications	Mar-24	Welsh Language	No- no funding required	N/A
002-24	Standards for Competency Assurance of Non-Medical Prescribers in Wales (*Not Available Online)*	04/03/24	Director of Primary Care, Community and Long Term Care	Sep-24	Medicines Management	TBC	TBC

Recommendations

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)

With regards to Welsh Health Circulars, 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.

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The Duty of **Candour**

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Inspection Title	Recommendation	Reference Numbe	Action	Responsible Directorate	Date Due	Date Last Updated	Progress Status	Comments/Updates
HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	The health board should ensure that all patients are fully aware of all obstetric treatment choices and their risks and benefits and informed patient consent should be gained	Health Inspectorate Wales/2023/38/ MD3/2	Audit compliance with the use of and documentation of care plans that evidence women having access to the information to make informed decisions/choices	Women and Children	31/01/2024	08/11/2023	Overdue	
	The health board should review the clinical governance arrangements related to the neonatal stabilisation room to ensure that the service and staff that provide care are appropriately led, governed and supported	Health Inspectorate Wales/2023/38/ MD4/1	The Governance of the Neonatal room will remain within the Maternity portfolio with support from the Senior Neonatal Nurse and Clinical Director for Hywel Dda and the Local Paediatric medical team in BGH	Women and Children	31/01/2024	08/11/2023	Overdue	
	The health board should develop and implement a system for tracking mandatory training levels for all clinical staff across the unit to ensure that they can address low levels of mandatory training compliance in a timely way	Health Inspectorate Wales/2023/38/S D10/1	An Excel spreadsheet has been developed to support tracking of medical compliance with mandatory training	Women and Children	31/01/2024	05/03/2024	Overdue	Update 28/02/24 spreadsheet currently in development for all healthboard areas in relation to O&G medical workforce.
		Health Inspectorate Wales/2023/38/S D10/2	Monitoring will sit with the Directorate Quality, Safety and Experience Meeting which meets on a monthly basis.	Women and Children	31/01/2024	05/03/2024	Overdue	Update 28/02/24 This will occur when the Excell document is complete, it will be taken and reviewed for action through the directorate QSE meeting.
HIW Bryngofal inspection July 2022	Appropriate and safe curtains are placed in patient bedrooms	Health Inspectorate Wales/2022/17/ MD3/1	Estates to review environment in bedrooms and identify work plan to replace curtains	Estates & Facilities	30/06/2023	12/02/2024	Overdue	Update 05/10/22 Curtains were removed (re anti ligature work) windows tinted, ward manager to confirm what is required, Estates will then facilitate Update 19/04/23 Option costed, to be ordered and risk assessed. Expected to be completed by 30/06. Update 21/07/23 No funds remaining from the original allocation Update 10/08/23 LBG advised that there were no funds available in the original allocation, but we have included in our scope of works for PoL allowance to install reflective one-way privacy film to all bedroom windows. these works are due to start in September 2023 through to February 2024, I cannot be more specific about where in the programme of works the windows will be done Update 21/08/23 advised that work is underway to complete this action, expected end of Sept 2023. Update 16/10/23 expected to retrofit blinds in bedrooms at Bryngofal, request to Estates to assist Update 24/10/23 The blinds for the 17 bedrooms and the 136 suite are on order, and we are awaiting an update for delivery and fitting from EStates Update 14/12/23 The order is in with Swanmac the suppliers since October, and approval given for funding the new blinds. No update from estates since his chase email, Head of Adult inpatient to chase. Update 27/12/2023. Suppliers are due to fit Blinds on 03/01/2024
HIW GGH IRMER Inspection (Nov 2022)	The employer is required to provide HIW with details of the action taken to improve the ratification process for locally produced documentation so that information does not conflict with the employer's written procedure	Health Inspectorate Wales/2022/19/ MD15/2	To source a document control system.	Radiology	30/09/2023	26/02/2024	Overdue	Update 23/11/23 added to risk register Requirement escalated in exception report to OQSEC 09/01/2024

Inspection Title	Recommendation	Reference Numbe	Action	Responsible Directorate	Date Due	Date Last Updated	Progress Status	Comments/Updates
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Health Inspectorate Wales/2023/29/ MD1/1	Development of standards for physical health screening to be incorporated into Service Specifications.	Mental Health and Learning Disabilities	29/09/2023	21/12/2023	Overdue	Update 10/10/23 Multi disciplinary Task and Finish group established to develop standards for physical health screening across MH/LD Directorate. Physical health assessment requirements formulated based on national guidance. Baseline audit planned to confirm current practices against requirements in order to inform implementation plan. Revised timescale for completion 31/01/24. Update 22/11/23. Physical Health Standards finalised for inpatient pathway and baseline audit underway. Physical Health Checklist developed an awaiting approval for initial implementation on paper from Jan 24. Update 19/12/23 Physical health checklist was discussed at the PMSC 19/12/23.
		Health Inspectorate Wales/2023/29/ MD1/2	Further development of Care Partner to capture physical health screening in line with above standards through electronic forms.	Mental Health and Learning Disabilities	30/11/2023	22/11/2023	Overdue	Physical Health checklist developed for inpatient pathway and awaiting approval. Plan for implementation on paper from Jan 24 whilst work to embed onto Care Partner is undertaken by system provider. Revised timescale 01/04/24.
	The health board must ensure that carers assessments are routinely offered and where required, undertaken for relevant individuals, in line with The Mental Health Act 1983 Code of Practice.	Health Inspectorate Wales/2023/29/ MD4/1	All teams to compile evidence folders for certification against Investors in Carers standards by a September 2023 and commence implementation of an annual review process.	Mental Health and Learning Disabilities	29/09/2023	22/11/2023	Overdue	Update 10/10/23 All teams across MH/LD directorate are now engaged with Investors in Carers. A full position statement is to be presented to MH/LD QSEG in December through an Investors in Carers Agenda Item agenda item. Timescale for completion revised to 31/12/23.
	The health board must ensure the inpatient ward round structure and arrangements in place allow for sufficient time for patients to be adequately discussed.	Health Inspectorate Wales/2023/29/ MD6/1	Coproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Mental Health and Learning Disabilities	29/09/2023	22/11/2023	Overdue	Multi disciplinary Task and Finish Group established to coproduce standards for Ward Review process. Update 10/10/23 Multi disciplinary Task and Finish group established. Previous published work by Hywel Dda on service user perceptions and AIMS standards to be used as a reference point. Timescale revised to 31/01/24 to enable full engagement of service users and carers.
	The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	Health Inspectorate Wales/2023/29/ MD7/1	Establish a discharge review task and finish group in order to undertake a baseline assessment against NICE guidelines for Transition between inpatient mental health settings and community or care home settings (NG 53).	Mental Health and Learning Disabilities	29/09/2023	22/11/2023	Overdue	Multi disciplinary Discharge Review Task and Finish Group established. Training provided to the group by the Clinical Effectiveness Team on the process of benchmarking and use of the AMaT system to record, track and monitor benchmarking work. Initial scoping undertaken of NG 53. Due to the large scale and size of NG 53, decision taken to prioritise section 1.5 Hospital Discharge recommendations for benchmarking. Project management support identified to coordinate benchmarking activity. Contributors to benchmarking identified and process set up to engage and obtain information from them. Update 10/10/23 Due to the large scale and size of NG 53, decision taken to prioritise section 1.5 Hospital Discharge recommendations for benchmarking. Project management support identified to coordinate benchmarking activity however now impacted by long term absence in team. Revised timescale 31/01/24.

Inspection Title	Recommendation	Reference Numbe	Action	Responsible Directorate	Date Due	Date Last Updated	Progress Status	Comments/Updates
		Health Inspectorate Wales/2023/29/ MD7/2	And review the health boards current Discharge Policy (# 370 Discharge and Transfer of Care Policy) to ensure additional standards that underpin safe practice in MH discharges (in line with NICE guidelines) are incorporated.	Mental Health and Learning Disabilities	29/09/2023	22/11/2023	Overdue	Update 10/10/23 Review of Health Board Policy #370 Discharge and Transfer of Care underway however detailed input from mental health services incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore delayed. Revised timescale for completion 28/02/24.
	The health board must ensure that all relevant staff complete training for timely and effective communication and information sharing relating to the patient discharge process.	Health Inspectorate Wales/2023/29/ MD8/1	Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	Mental Health and Learning Disabilities	31/10/2023	22/11/2023	Overdue	Development of a training resource is incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore progress delayed. Revised timescale 01/04/24.
	The health board must ensure that adequate administrative support is available within inpatient mental health units.	Health Inspectorate Wales/2023/29/ MD10/1	Full roll out of Band 4 Admin roles to ensure consistent cover across all wards.	Mental Health and Learning Disabilities	30/09/2023	22/11/2023	Overdue	Update 10/10/23 Ward clerk cover in place for all wards (1 WTE admin available to all units as a minimum through a variety of roles) meeting the MH Principles for safe staffing. Band Ward PA Job Description revised on feedback from ward managers, now job matched, engagement in place with staff side in order to launch an organisational change process. Revised target date of 31/01/24 to have people in all Ward PA roles.
	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.	Health Inspectorate Wales/2023/29/ MD15/1	Strategic review of bed utilisation to inform prediction / trajectories of future need, support removal of delayed transfers of care, to enable service planning and responsiveness.	Mental Health and Learning Disabilities	31/12/2023	22/11/2023	Overdue	
	The health board must ensure that there are adequate arrangements in place for the management and storage of any paper patient records across the health board mental health services: a) to ensure a standardised approach to allow for efficient access to patient information; b) to maintain the security of patient data and clinical information.	Health Inspectorate Wales/2023/29/ MD18/2	Scope actions needed to implement full transition to paper free clinical records across the MH/LD Directorate and feed into the health boards digital strategy work.	Mental Health and Learning Disabilities	30/09/2023	23/11/2023	Overdue	Update 10/10/23 Full transition to paper free clinical records incumbent on national direction. Focus of action therefore revised to: Scope digital priorities and smarter working practices to support shift to digital across MH/LD Directorate (eg use of digital dictation) through a digital workshop led. Revised timescale 31/01/24. Update 21/11/23 Initial presentation on HB Digital Strategy presented to BPPAG on 28.09.23. Date being sought for directorate wide workshop. by Innovation and Digital Transformation Team. Update 23/11/23 Discussion held at BPPAG with input from the HB Digital Director. Date for directorate wide workshop revised to 30/04/24.
	The health board must provide assurances on the electronic patient clinical records systems in place, within its mental health services, to allow for essential information to be shared electronically between inpatient and community services.	Health Inspectorate Wales/2023/29/ MD19/1	Development of process to enable timely access of clinical records for temporary staff eg temporary staff log ins that are issued locally.	Mental Health and Learning Disabilities	30/11/2023	22/11/2023	Overdue	
	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Health Inspectorate Wales/2023/29/ MD25/2	Review application of MH safe staffing principles and Welsh Levels of Care (Version 3 once published) for use across MH services.	Mental Health and Learning Disabilities	30/09/2023	22/11/2023	Overdue	Update 10/10/23 Mental Health Safe Staffing Principles and Welsh Levels of Care (version 3) remain in draft and unpublished. A review of establishment for inpatient assessment and treatment services is underway. The above draft documents are being used to inform the review. The timescale for completion has been affected by limited capacity within the finance and nurse staffing team. 31/12/23 is the revised target date for completion of the review.

Inspection Title	Recommendation	Reference Numbe	Action	Responsible Directorate	Date Due	Date Last Updated	Progress Status	Comments/Updates
		Health Inspectorate Wales/2023/29/MD25/3	Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	Mental Health and Learning Disabilities	30/11/2023	22/11/2023	Overdue	
		Health Inspectorate Wales/2023/29/MD25/4	Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	Mental Health and Learning Disabilities	31/12/2023	22/11/2023	Overdue	Update 22/11/23 MHLD Workforce Management Group established. Support to gain regular breakdown of workforce metrics for MHLD services to enable baseline measures and tracking approach established. Discovery focus groups underway across MHLD areas to gather feedback from staff to inform MHLD retention plan.
	The health board must provide HIW with an update on how it is assured that community teams within its mental health services have sufficient capacity to meet their patient caseloads.	Health Inspectorate Wales/2023/29/MD26/2	Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	Mental Health and Learning Disabilities	30/09/2023	22/11/2023	Overdue	Update 10/10/23 Work is being led by the Assistant Director for Mental Health and Learning Disabilities. Timescale for completion revised to 31/12/23.
	The health board must ensure CRHT's have appropriate facilities to allow staff to undertake the full requirements of their roles.	Health Inspectorate Wales/2023/29/MD27/1	Resolve CRHT access to space within all emergency departments.	Mental Health and Learning Disabilities	31/07/2023	22/11/2023	Overdue	Update 10/10/23 EED departments currently under significant pressures and are unable to ring-fence identified rooms for mental health assessment only. This challenge has been flagged through Operational Planning and Delivery Programme (04/10/23). Solutions continue to be sought through local discussions. 31 March 2024 set as a revised timescale for implementation.
	The health board must consider undertaking a training needs analysis for inpatient and community mental health staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	Health Inspectorate Wales/2023/29/MD32/1	Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	Mental Health and Learning Disabilities	30/11/2023	22/11/2023	Overdue	Update 22/11/23 Training Needs Analysis tool developed by Learning and Development Team to be piloted across MHLD services.
	The health board should ensure there is adequate and consistent engagement with all staff around the audit arrangements in place across its mental health services, and that staff are made aware of all audit result and any actions required for improvement.	Health Inspectorate Wales/2023/29/MD34/1	Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements to include:- -Testing assurance of consistent implementation of CAT and Physical Health Screening -Testing assurance of appropriate completion of WARRN -Routine reporting and monitoring of compliance with routine offer of carers assessments -Audit of compliance with Ward Round (MDT Review) standards -Routine report and monitoring of compliance with communication of discharge notifications, discharge letters and discharge summaries against NICE guideline standards -Record Keeping Documentation Audit to include completion and uploading of discharge checklists and communication of discharge plans -Testing assurance of the quality of discharge letters -Routine reporting and monitoring of compliance with 72 hour follow up	Mental Health and Learning Disabilities	31/12/2023	22/11/2023	Overdue	Medical Staffing Committee audit lead identified, and a meeting scheduled for September 2023 to develop the audit framework and plan and to discuss its implementation. MHLD directorate themed audits have also been identified and have been accepted as part of the Health Board's Clinical Audit Plan.

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		Health Inspectorate Wales/2023/29/ MD34/2	Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	Mental Health and Learning Disabilities	31/12/2023	22/11/2023	Overdue	
		Health Inspectorate Wales/2023/29/ MD34/3	Training of relevant staff to be provided in order to utilise Audit and Management and Tracking (AMaT) once clinical audit programme has been agreed	Mental Health and Learning Disabilities	31/12/2023	22/11/2023	Overdue	Demonstration of AMaT system and its use for tracking and monitoring NICE benchmarking activity and improvement actions delivered to MH/LD directorate service and professional lead roles through training sessions on 1st and 11th August 2023. Further review of action required once clinical audit programme agreed in order to review if additional training is needed.
	The health board must consider how it can audit the process in place for social worker identified incidents, which are documented within Datix, and that feedback, learning and actions are shared with them as applicable.	Health Inspectorate Wales/2023/29/ MD38/1	Review options for enabling Social Workers who provide a service on behalf of the health board to have direct access to DATIX, establish a process to implement this which includes routine access to DATIX for all new Social Workers joining mental health teams and processes to amend access when moving or leaving the team. Identity existing Social Workers to set up system access and training to enable full use of DATIX and feedback mechanisms within the system.	Mental Health and Learning Disabilities	31/07/2023	22/11/2023	Overdue	Update 10/10/23 Options to enable direct access to Datix for social workers who provide a service on behalf of the health board has been explored and the ability to provide access through the Patient Safety Team has been confirmed. Details of existing Social Workers are being gathered in order to establish Datix accounts and instigate training. Revised timescale for completion 31/11/23. Update 22/11/23 Details of existing Social Workers have been gathered and Datix accounts have been requested.
HIW National Review of Patient Flow (Stroke Pathway)	Health boards should consider whether a daily senior nursing/ clinical oversight for each directorate could be implemented to facilitate clinical issues with flow. This may help ensure staff are making timely progress to discharge patients, challenge medical staff to undertake key tasks where necessary, and help expedite any outstanding clinical patient needs. In addition, to commence planning for patient discharge on subsequent days	Health Inspectorate Wales/2022/50/ MD10/1	The all Wales Escalation policy and associated processes are currently being reviewed, all health boards are working with Welsh Government colleagues to review the current policy with the aim to have this complete before the end of the calendar year. This will inform on any local processes required and our local HdUHB Escalation Policy will be amended once this is complete.	Acute Services	31/12/2023	06/03/2024	Overdue	Update 05/03/24 await All Wales National stroke escalation policy. Once received this can then be reviewed. Actions that require all Wales work raised with WG Oct 2023.
	Health boards should ensure that EDs track and monitor all patients arriving at hospital with a suspected stroke (by ambulance and selfpresenting), to drive improvement on assessment times, so people can commence on the stroke pathway in a timely manner	Health Inspectorate Wales/2022/50/ MD18/1	The Health Board will review any recommendations arising from the NHS Executive review the stoke pathway through the self-presenting patient's perspective. The report is yet to be released	Acute Services	30/11/2023	06/03/2024	Overdue	Update 05/03/24 The NHS Executive review of stroke pathway has yet to be released. Actions that require all Wales work raised with WG Oct 2023.
HIW Prince Philip Hospital Minor Injuries Unit (June 2023)	We identified ligature risks on the unit, which required risk assessing and remedial actions as necessary. We were also not assured of the adequacy of the observation arrangements of patients who presented in a crisis situation.	Health Inspectorate Wales/2023/30/ MD4/2	Standard operating procedure for the management of patients experience mental health crisis to be reviewed and circulated to all. This review will require input from the MH &LD Directorate	Unscheduled Care (PPH)	31/08/2023	26/02/2024	Overdue	01/09/23 the service are attempting to engage with MH services, links being requested. 05/09/23 contacted Lead Nurse MH&LD awaiting signposting 20/09/23 confirmation from MH&LD the staff (from crisis pathway) who will be assisting with this piece of work. Provided names to MIU Senior Nurse. Aiming for completion by 01/12/23 Update 27/11/23 Meeting with Mental Health colleagues to discuss challenges and way forward Update 20/12/23 meeting / strategic work underway re scope of MIU service, to inc MH service and delivery. Expected to go to Committee January 2024. Update 23/02/2024 from HoN (GGH USC) "There is a meeting scheduled for the 29th with MH colleagues as the actions for this are within their 'scope' "

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	The health board must review this staff feedback in the context of these findings. It must continue to provide a platform to listen to staff and must take robust and sustained actions where appropriate to do so	Health Inspectorate Wales/2023/30/ MD17/1	Liaising with Mental Health colleagues to review management of MH patients presenting to MIU	Unscheduled Care (PPH)	01/11/2023	26/02/2024	Overdue	Update 20/12/23 meeting / strategic work underway re scope of MIU service, to inc MH service and delivery. Expected to go to Committee January 2024. Update 17/1/24 meeting / strategic work underway re scope of MIU service, to inc MH service and delivery. Going to CDG 24th January 2024. Update 23/02/2024 from HoN (GGH USC) "There is a meeting scheduled for the 29th with MH colleagues as the actions for this are within their 'scope' "
	The health board must consider its approach to community engagement and communication at a corporate level regarding the 'front door' services available at Prince Philip Hospital and accessing the right service according to need	Health Inspectorate Wales/2023/30/ MD18/1	Review of current MIU scope and criteria documents and development of redirection protocols underway.	Unscheduled Care (PPH)	01/12/2023	17/01/2024	Overdue	Update 20/12/23 meeting / strategic work underway re scope of MIU service, to inc MH service and delivery. Expected to go to Committee January 2024. Update 17/01/2024 meetings and strategic work remains in progress - being presented to CDG on January 2024
HIW St Caradog ward, Withybush Hospital	The Health Board must produce an action plan detailing how they will address the issues raised in the IPC audit with clear timescales, and, within three months from the date of the quality check, provide HIW with an updated action plan, so that we can further assess progress made.	Health Inspectorate Wales/2021/12/ MD2/1	Interior walls to be repainted where necessary to comply with IPC. Timescale 3 months, November 2021.	Estates & Facilities	27/08/2023	11/03/2024	Overdue	04/11/2021 - once the Advanced Fire Safety works have been completed, Estates will commence with the required painting works. This is anticipated to start in January 2022. Update 24/04/23 fire improvement works underway, painting to be competed thereafter, new date for completion. Update 03/10/23 from service all of the outstanding work, the estates works have been delayed considerably due to the issues in that are being faced in Withybush hospital, however in regular contact with the team, although unable to get a concrete plan from them for when the list of works is likely to be started, let alone completed. The Fire safety work is coming to an end, with a few doors left to be installed, however there have been some delays in this. Once we have these works completed, we will look to get the ward repainted to comply with IPC. Update 14/12/23 Estates advised that a start date for these works will be provided. Update 20/02/23 painting work will commence when all fire related work will be completed - which has been delayed until April 2024 - date will be provided once all work is completed. Update 04/03/24 advised to reallocate action to estates. Update 11/03/2024 Specification for multi quote 50 % complete / estimated completion and advertisement to be 25/03/2024 with an estimated start date to be mid April 2024
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	Health Inspectorate Wales/2023/69/ MD1/1						
		Health Inspectorate Wales/2023/69/ MD1/2						
	The health board must ensure that work is undertaken to improve the appearance and safety of the outdoor areas for patients to use	Health Inspectorate Wales/2023/69/ MD2/1	Estates have attended site and have addressed a number of these concerns. There is a new grounds and gardens contract in place (commencing in early 24) with regular site visits planned to keep the level of grounds maintenance to an acceptable standard.	Estates & Facilities	29/02/2024	11/03/2024	Overdue	update 11/03/2024 Mitie grounds and service contract has now been implemented. Site survey has been completed. waiting on Risk assessments and confirmed location for waste skips. estimated start date 25/03/2024

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	During a review of one patient record it was unclear if the current bed was meeting the needs of the patient. The health board must review this patient and ensure consideration is given to a new bed being provided for this patient	Health Inspectorate Wales/2023/69/ MD7/1	To ensure the Occupational Therapy Assessment is undertaken and documented within clinical record on 16th October 2023. A review to revisit needs to be undertaken.	Mental Health and Learning Disabilities	15/12/2023	13/12/2023	Overdue	
	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	Health Inspectorate Wales/2023/69/ MD8/1	To undertake a review of arrangements for Healthy Ward Checks to include services user / carer representation on Healthy Ward check teams to strengthen routine review of the quality, relevance and accessibility of patient and visitor information through Healthy Ward Checks.	Mental Health and Learning Disabilities	29/02/2024	13/12/2023	Overdue	
	The Health Board must address the environmental issues and resolve them in a prompt and timely manner: 1) Mould and poor ventilation in both laundry rooms 2) Glass window cracked in St Non's leading into the courtyard requires replacing; 3) Sluice macerator on both wards needs to be fixed or replaced as both currently not working , 4) Occupational therapy room needs to be decluttered and tidied up and not used as a storage room; 5) Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated; 6) Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group; 7) Thermostats covers in some patient rooms on St Non are missing and need replacing.	Health Inspectorate Wales/2023/69/ MD10/1	Estates to undertake a review of the area and take further action to address the ventilation defects to prevent further mould	Estates & Facilities	31/01/2024	13/12/2023	Overdue	
		Health Inspectorate Wales/2023/69/ MD10/2	Request to be made to estates to review and improve storage within the occupational therapy room	Estates & Facilities	31/12/2023	16/01/2024	Overdue	Update 15/01/24 The team have made a prompt declutter of the OT room - senior nurse in conversation with ward manager about getting better storage facilities in the OT room also as currently the storage is too small to store for a wide range of group activities to meet patient needs.
		Health Inspectorate Wales/2023/69/ MD10/3	Estates improvements and decoration is currently underway on St Caradog Ward. Temporary signage to be put in place	Estates & Facilities	31/12/2023	07/02/2024	Overdue	Estates teams have been made aware of the situation and are arranging for signage to be fitted.
		Health Inspectorate Wales/2023/69/ MD10/4						
		Health Inspectorate Wales/2023/69/ MD10/5	Estates will review thermostat covers and ensure suitable covers are replaced in patient rooms on St Non ward	Women and Children	31/01/2024	13/12/2023	Overdue	