



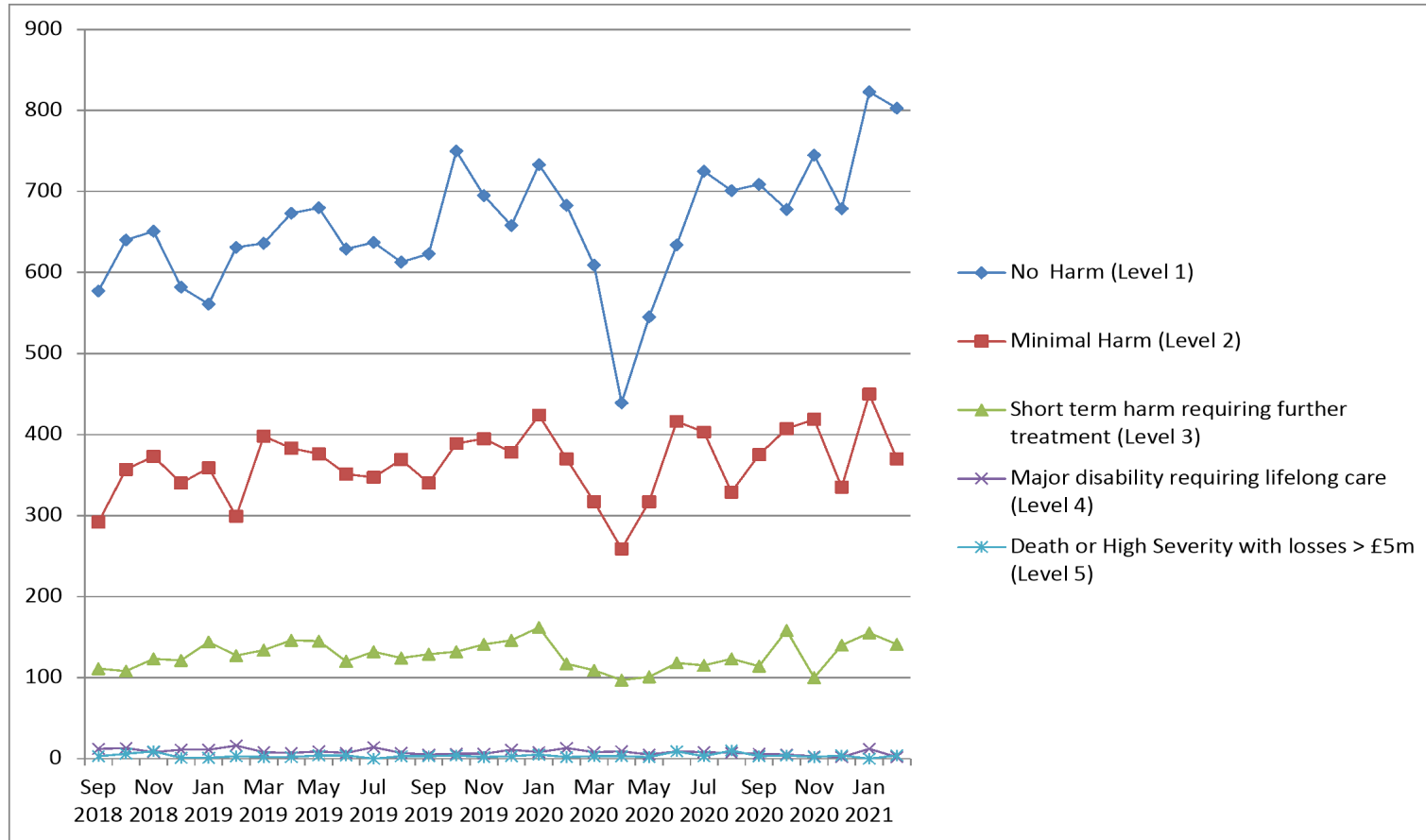
Quality and Safety Assurance Report

QSEAC Meeting 13th April 2021

Situation

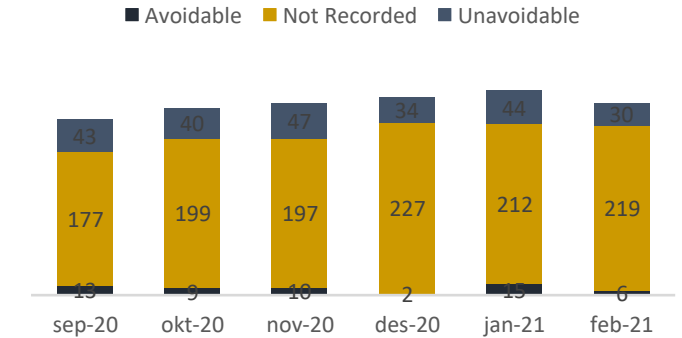
- The purpose of this report is to provide the Quality, Safety and Experience Assurance Committee (QSEAC) with an overview of quality and safety across the Health Board
- The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.
- This report provides information on patient safety incidents including serious incidents, sepsis management, inspections by Healthcare Inspectorate Wales (HIW), Peer Reviews, and Welsh Health Circulars (WHC).

Incident Reporting

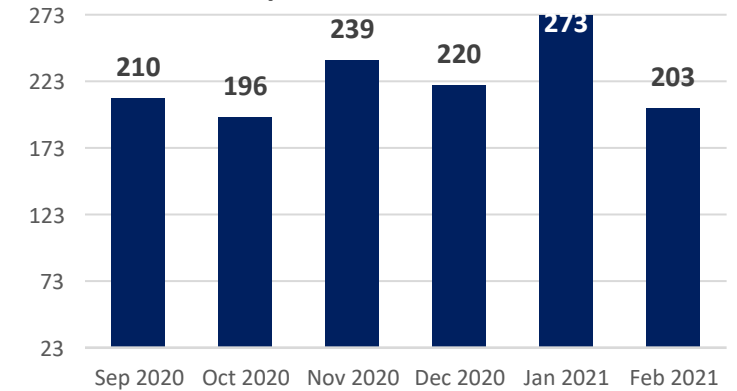


In January and February 2021, 2,716 incidents were reported of which 2,348 were patient safety related. These figures are consistent with previous months

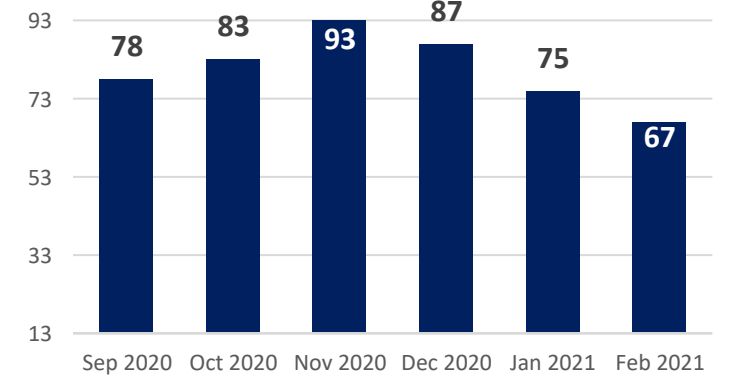
Number of Pressure Ulcers



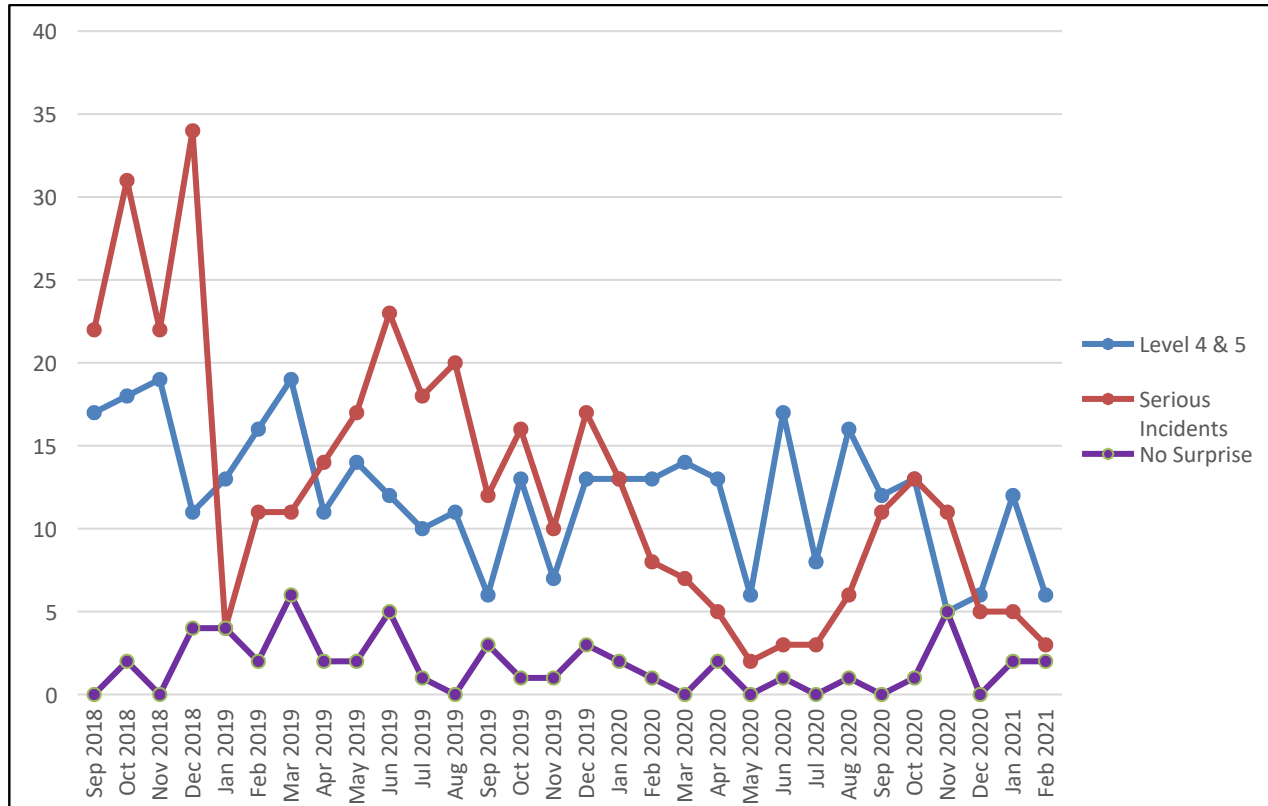
Number of Inpatient Falls



Number of patient medication errors



Serious incidents



Between 1st January and 28th February 2021, **8** serious incidents were reported to Welsh Government (WG); Serious Harm – Inpatient Fall was the highest reported category.

As at 28th February 2021, there were 34 serious incidents open over 60 days. In comparison to February 2020, the position has improved significantly.

	Q1	Q2	Q3	Q4
Absconded patient*	0	1	2	0
Pressure Damage*	0	2	2	1
Retained Foreign Object	1	1	0	0
Patient Fall (serious harm)*	1	3	8	3
Unexpected Death**	4	4	7	2
Neonatal/Perinatal Care	2	0	0	0
Wrong site surgery/procedure	2	1	0	0
Under 18 Admission*	0	0	10	0
Other	0	1	0	2
Total	10	13	29	8

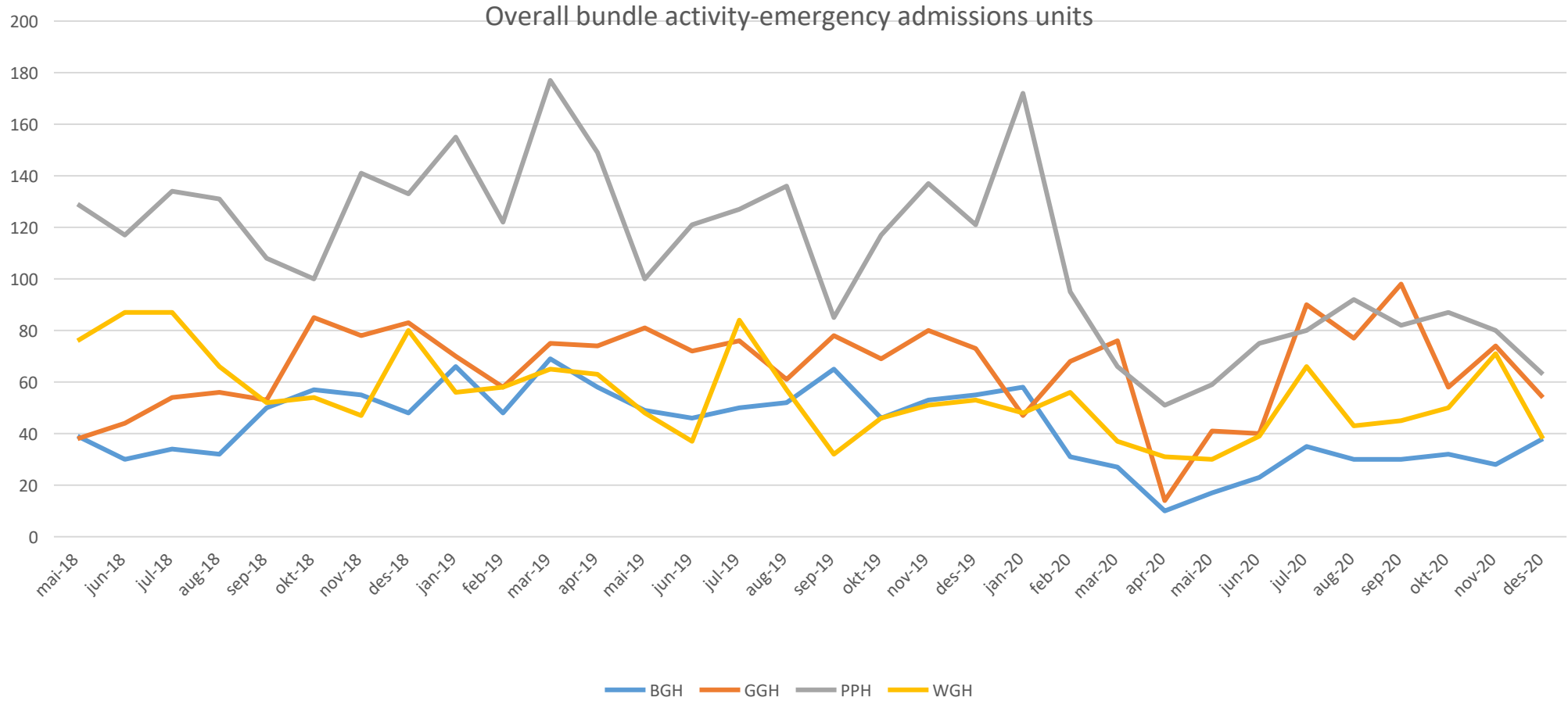
*not reported during reduced reporting periods (see below)
 ** unexpected death including suspected suicide and unexpected death in childhood (PRUDiC)

During the last financial year, the reporting requirements for serious incident to the Delivery Unit has changed and therefore a comparison quarter by quarter cannot be made as to whether incident numbers have increased or decreased:

- 4th January 2021 to date – reduced reporting due to significant pressures on the NHS
- 13th August 2020 – return to full Serious Incident reporting to the Delivery Unit
- 18th March 2020 to 13th August 2020 – reduced reporting due to significant pressures on the NHS

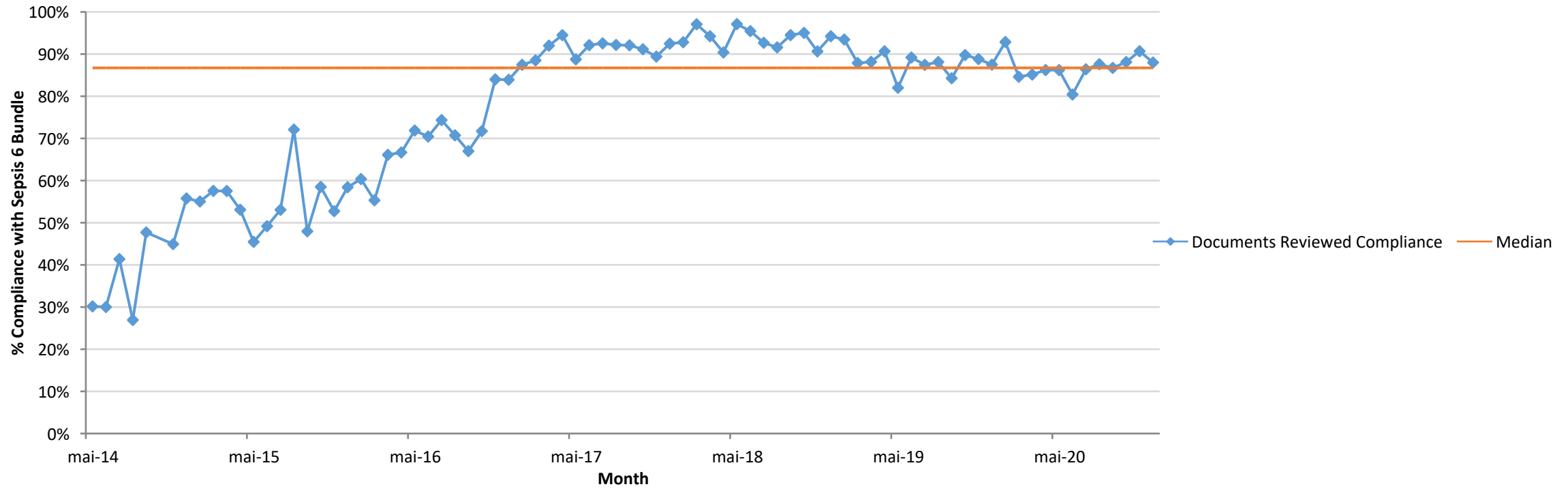
Sepsis Bundle

Bundle Activity - Emergency Units



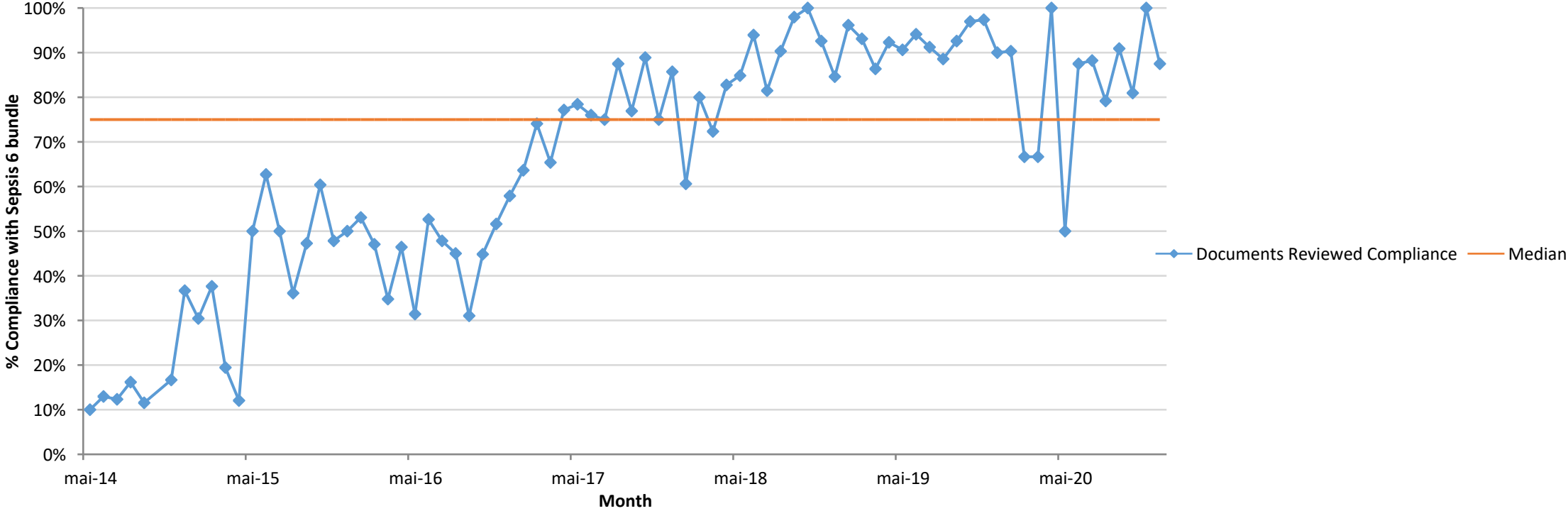
Sepsis Six Compliance Emergency Units

Percentage Compliant with Sepsis Six in A&E



Sepsis Six Compliance Wards

Percentage Compliant with Sepsis Six in Wards



Risks and Mitigation

- **Patient Safety Incidents**

- Scrutiny of all incidents reported undertaken by the Quality Assurance Information System Team on a daily basis. Report of themes and trends in reporting provided to Head of Quality and Governance, Assistant Director of Nursing and Associate Medical Director
- A Clinical Executives Quality Panel was held on 17th March 2021 with the Head of Quality and Governance to discuss the open serious incidents within the Health Board.
- Improvement and Learning Action Plans are developed and implemented within Directorates in response to the findings of the investigations.
- The learning from serious incidents is shared with the Listening and Learning Sub-Committee

- **Sepsis Management**

- The Rapid Response to Acute Illness Learning Set (RRAILS) Group is undertaking a deep dive into the information presented in the RRAILS Sepsis Bundle and Sepsis Six Compliance Annual Report
- Meetings with all Sepsis Leads are planned with a view to formulating future Quality Improvement (QI) plans
- Snap shot audits are to commence in April 2021.
- Ward-based education continues and sepsis management is to be included within all mandatory training programmes.

Healthcare Inspectorate Wales (HIW)

- Healthcare Inspectorate Wales (HIW) is currently undertaking Quality Checks under a tiered system in order to account for the COVID-19 situation. The Health Board has been subject to ten Tier 1 Quality Checks, where the check has been undertaken remotely via Microsoft Teams and the submission of documents electronically via Objective Connect. The Health Board has also been subject to two Tier 3 Quality Checks, where inspectors have undertaken on-site visits; these reviews related to the Field Hospitals and the Mass Vaccination Centres.
- This section provides progress as at 24 March 2021. Links to each HIW report, where published, can be accessed by clicking on the relevant location listed under “Area of Review” in the tables which follow.

HIW Quality Checks: Summary of Tier 1 Reviews

Area of Review	Recommendations Raised	Update
Tregaron Community Hospital	1	The Quality Check was held in October 2020, and the recommendation raised relating to IP&C training has since been actioned and closed.
Withybush General Hospital - Follow Up of Ward 10	1	The Quality Check was held in September 2020, and the recommendation raised relating to falls assessments has since been actioned and closed.
Prince Philip Hospital – Bryngofal Ward, MHL D	4	The Quality Check was held in October 2020, and the recommendations raised relating to replacement of fire doors, review processes on incidents, further review of the C4C audit and staff training compliance have all since been actioned and closed.
South Pembrokeshire Hospital – Cleddau Ward	1	The Quality Check was held in September 2020, and the recommendation raised relating to environmental risk assessments has since been actioned and closed.
Prince Philip Hospital – Bryngolau Ward, MHL D	2	The Quality Check was held in October 2020, with recommendations relating to annual risk assessments relating to ligature risks, and staff training compliance confirmed as being actioned by the service. Currently awaiting HIW approval of closure.

HIW Quality Checks: Summary of Tier 1 Reviews (cont'd)

Area of Review	Recommendations Raised	Update
Bronglais General Hospital – Enlli Ward, MHL D	0	The Quality Check was scheduled for November 2020, but postponed due to Covid-19 pressures. The interviews were undertaken in February 2021 and no recommendations were raised during the course of the review.
Glangwili General Hospital – Towy Ward	2	The Quality Check was held in November 2020, and progress has been made against recommendations relating to action plans for falls and pressure and tissue damage, and staff training compliance - although neither are fully complete due to Covid-19 outbreaks at the ward HIW have been informed of the progress made to date, and future actions planned to complete the recommendations.
Glangwili General Hospital – Steffan Ward	N/A	The Quality Check was scheduled for December 2020 but was postponed due to Covid-19 pressures. The Health Board are currently awaiting a revised date for the check.
10 Church Close, Begelly - MHL D	N/A	The Quality Check was scheduled for December 2020 but was postponed due to Covid-19 pressures, with a revised date set for April 2021.
Glangwili General Hospital – Morlais Ward	3	The Quality Check was held in March 2021. The Health Board have received a draft of the report and improvement plan, which the service is currently responding to. Three recommendations were raised relating to the completion of a C4C audit, staff training compliance and data regarding restraint incidents.

HIW Quality Checks: Summary of Tier 3 Reviews

Area of Review	Recommendations Raised	Update
Field Hospitals – Ysbyty Carreg Las and Selwyn Samuel Centre	0	HIW inspectors visited both sites in October 2020, with no recommendations raised.
Mass Vaccination Centres	2 Immediate Recommendations	HIW inspectors visited the Halliwell Centre and Cardigan Leisure Centre in March 2021, and raised three recommendations within an immediate improvement plan which have all since been actioned and completed. The Health Board is currently awaiting the draft report and any further recommendations.

Further Inspections:

Prince Philip Hospital has been subject to a Tier 1 Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Compliance Inspection, which was undertaken in February 2021, with the Health Board currently awaiting the draft report for comment.

HIW have published their report on Phase 1 of the National Maternity Services Review, and the Health Board has provided it's response to the 33 recommendations, which have been raised on a national level in March 2021.

Peer Reviews

- Peer reviews are visits undertaken by professional bodies such as the Royal College of Physicians.
- Health Boards and Trusts can invite peer bodies to undertake a review into a specific area.
- Peer review visits present an opportunity for professionals to meet and share practice, whilst providing a service with an opportunity to reflect on its challenges and achievements.
- Initial feedback is given at the time of the visit and a formal report is received following the visit. The formal report provides a snapshot of the service, as observed on the peer review day, and is a representation of the service at a fixed point in time.
- The report received following a peer review visit is recorded in the audit and inspection tracker held by the Corporate Assurance and Risk Team.
- In 2019/2020, 3 peer review visits were recorded as being undertaken and in 2018/2019, 1 peer review visit is recorded.

Royal College of Physicians

Review of Stroke Services Glangwili General Hospital

- A peer review was undertaken by the Royal College of Physicians, in association with the British Association of Stroke Physicians (BASP) and the Stroke Association, on 26th January 2018.
- A number of areas for commendation were identified as well as areas for further work.
- The six areas for further work are recorded on audit and inspection tracker as being complete.

Wales Neonatal Network

Review of the Neonatal Unit at Glangwili General Hospital

- A peer review was undertaken by the Wales Neonatal Network, on 27th June 2019.
- The Neonatal Unit at GGH was the first unit to be reviewed as part of the neonatal programme and submitted comprehensive self-assessment documentation supported by approximately 90 pieces of evidence
- A number of areas of good practice were identified as well as areas requiring improvement action.
- Eight of the ten areas requiring improvement action are recorded on audit and inspection tracker as being complete.
- The following areas are recorded as being open:
 - Lack of 24 hour neonatal transfer service – this is a national issue that is being progressed by the Wales Neonatal Network
 - Increasing the number of registered nurses who are accredited post registration qualification in specialised neonatal care - due to the nature and length of available neonatal training programmes, the training of a further 6 WTE staff will not be completed until December 2023

Royal College of Physicians (Cymru)

Review visit to Ysbyty Bronglais: Follow up report

- A peer review was undertaken by RCP Cymru Wales, on 5th August 2019.
- The Neonatal Unit at GGH was the first unit to be reviewed as part of the neonatal programme and submitted comprehensive self-assessment documentation supported by approximately 90 pieces of evidence
- A number of areas for commendation were identified as well as areas for further work.
- There are ten areas for further work recorded on audit and inspection tracker. Six recommendations are reported as being open.
- Some recommendations still on hold due to COVID-19 and others are longer term as part of the BGH Clinical Strategy
- The report was received at the Effective Clinical Practice Sub-Committee in March 2020. An update report is to be presented to a forthcoming Effective Clinical Practice Panel.

111 NHS Wales Peer Review Group

Peer Review of Urgent Primary Care (Out of Hours) in Hywel Dda

- A peer review was undertaken by the 111 NHS Wales Peer Review Group, on 22nd to 23rd October 2019.
- Overall, the Peer Review Team were really pleased with the progress made against a number of key actions identified from the last visit.
- “Some significant challenges still remain however the resilience and commitment of staff in delivering high quality clinical care was very commendable and encouraging for the future.”
- There are fourteen areas for further work recorded on audit and inspection tracker. Eleven areas are recorded as complete.
- The three recommendations that remain outstanding have a timescale of December 2021.

Implementation of Welsh Health Circulars (WHCs)

- This section provides QSEAC with progress in relation to the implementation of WHCs which come under its remit. The Committee is asked to receive 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.
- This section includes the WHCs closed since August 2020, as well as those with a RAG rated status of red (i.e. not been implemented within stated timescales) and amber (i.e. not been implemented however are in progress).
- Attached in appendix 1 is an update in respect of the WHCs that fall under the remit of QSEAC.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
033-18	Airborne Isolation Room Requirements	25/07/2018	Director of Nursing, Quality and Patient Experience

Compliance paper was taken to the Capital Estates, Information Management & Technology Sub-Committee (CEIM&T) on 26/01/2021. Recommendation made and approved as follows;

1. Establish a Short Life Working Group (SLWG) to develop the strategic direction and plan for the provision of Negative pressure suites (NPSs).
2. Develop in-house or commission a feasibility survey.
3. Consider costed options appraisal following the feasibility survey within an agreed timescale.
4. Consider the cost of carrying out the minimum remedial action as advised by NHWSS to the 2 positive pressure ventilated lobby rooms (PPVL) rooms in light of the fact they are currently the only facilities that the HB has that come close to meeting the current negative pressure isolation requirements.

This WHC will be reviewed by the Infection Prevention Group in June 2021.

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
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Director of Operations
048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	16/10/2017	Director of Public Health
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Director of Therapies & Health Science
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Director of Public Health / Director of Primary Care, Community and Long Term Care.
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Director of Public Health / Director of Primary Care, Community and Long Term Care.
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Director of Public Health
017-19	Living with persistent pain in Wales guidance	07/05/2019	Director of Therapies & Health Science
024-19	Pertussis – occupational vaccination of healthcare workers	30/07/2019	Director of Public Health
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Director of Nursing, Quality and Patient Experience
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Director of Public Health / Director of Primary Care, Community and Long Term Care.
005-20	Recording of Dementia Read Codes	30/09/2020	Director of Therapies & Health Science
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Director of Public Health
015-20	POLICY ON SINGLE-USE AND REUSABLE LARYNGOSCOPES	14/09/2020	Director of Primary Care, Community and Long Term Care
018-20	Last Person Standing	01/10/2020	Director of Primary Care, Community and Long Term Care
004-21	Ordering influenza vaccines for the 2021-2022 season	19/02/2021	Director of Public Health
007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	11/03/2021	Director of Public Health

WHCs closed since August 2020

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
007-16	Guidance on Infection Prevention and Control of Carbapenemase-producing Enterobacteriaceae (CPE) and Other Multi Drug resistant Organisms (MDSRO)	11/02/2016	Director of Nursing, Quality and Patient Experience
034-17	Policy on the Management of Point of Care Testing (POCT) What, When and How?	13/07/2017	Director of Therapies & Health Science
018-19	Augmentative and Alternative Communication (AAC) Pathway	06/06/2019	Director of Therapies & Health Science
037-19	Ordering influenza vaccines for the 2020-2021 season	28/11/2019	Director of Public Health
006-20	COVID-19 RESPONSE – CONTINUATION OF IMMUNISATION PROGRAMMES	21/05/2020	Director of Public Health
008-20	Reuse of end of life medicines in hospices and care homes during COVID-19	30/04/2020	Director of Primary Care, Community and Long Term Care
009-20	The National Influenza Immunisation Programme 2020-21	21/05/2020	Director of Public Health
012-20	Clinical Assessment of COVID-19 in the Community	04/08/2020	Director of Primary Care, Community and Long Term Care
013-20	The national influenza immunisation programme 2020 to 2021	14/08/2020	Director of Public Health
019-20	Expectations for the NHS Health Boards and Trusts to ensure the health and wellbeing of the workforce during the Covid-19 pandemic	30/10/2020	Director of Workforce & OD
023-20	EU Exit – Continuity of Medicine Supply at the End of the Transition Period	22/12/2020	Director of Primary Care, Community and Long Term Care
024-20	Clinical Assessment of COVID-19 in the Community (Updated)	22/12/2020	Director of Primary Care, Community and Long Term Care
001-21	Suspected cancer pathway: guidelines	14/01/2021	Director Operations

Risks and Mitigation

- **HIW**

- All correspondence relating to HIW activity is logged on receipt and a process is in place for co-ordinating and quality checking responses to HIW requests by the required deadlines.
- Recommendations from immediate assurance plans and final reports are logged on the central tracker and progress requested from services by the Risk and Assurance Team on a bi-monthly basis.
- HIW activity will form part of the new quality governance arrangements within Directorates going forward.

- **Peer Reviews**

- Peer reviews are recorded on the Corporate Risk and Assurance Teams Audit and Inspection Tracker. The Team request updates from the “owning” team on progress against actions.
- For each report received, an appropriate Committee, Sub-Committee or Group should receive a summary of the report and the planned action to address the recommendations.
- The process for peer reviews will be clarified with directorates and specialities within the Health Board.

- **Welsh Health Circulars**

- All WHCs logged on receipt into the UHB and sent to appropriate Executive Lead for action.
- WHCs included in the bi-monthly reports sent to services by assurance & risk team.
- WHCs that cannot be implemented are risk assessed.

Recommendation

The Quality, Safety and Experience Assurance Committee is asked to

- Take assurance from the Quality and Safety Assurance Report that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and other feedback mechanisms.

WHC No	Name of WHC	Date Issued	Overarching Actions Required	Lead Executive	Supporting Officer	Date of Expiry / Review	Action required from	Action required by	R - pending schedule / A - on schedule / G	Progress update
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23.11.2016	Implementation of revised Quality Standards for Adult Hearing Rehabilitation Standards and Assessment and Audit Tool 2016 which replace all earlier versions	Director of Operations	Jane Deans	N/A	Not provided	Reassessment in 2019	Amber	03/03/2021- An action plan has been implemented to address areas that the service scored either a 0 or a 1 for. Actions required in the following areas have been implemented: <ul style="list-style-type: none"> Accessing the service, Communicating with patients Implementing an Individual management Plan – except 5.d.3 Skills / Expertise The following areas have actions that are outstanding: <ul style="list-style-type: none"> Clinical Effectiveness, Collaborative working Service improvement. For standard 5.b.3 (Where identified and agreed in the IMP that bilateral aids will best meet the patient's need, 2 aids are offered and patients are supported to make an informed choice) the previous SBAR has been rewritten and submitted to Scheduled Care regarding the lack of funding of bilateral hearing aids but this has yet to be resolved. The lack of funding to provide bilateral hearing aid for all clinically eligible patients is documented in risk no. 900 and has a current risk score 12 (High). This risk is reviewed every other month.
048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	16.10.2017	Attain WHO target is a 90% reduction in incidence and 65% reduction in mortality due to hepatitis B & C by 2030 through 3 key measures. These elimination requirements should be included in integrated medium term plans and will be monitored through Joint Executive Team meetings where health boards will be expected to report back on progress.	Director of Public Health	Dr Michael Thomas	N/A	Not provided	No date given (however progress monitored through JET)	Amber	Progress in relation to the Welsh Health Circular 'Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health' has been undertaken at an all Wales level with the All Wales Implementation Group to ensure a consistent approach across all health board areas. Leadership has been provided through Public Health Wales chairing the Group and collaboration with key stakeholders including local clinicians. 01/03/2021 Update provided by Supporting Officer. Progress undertaken to eliminate Hep B & C through engagement. All Wales work is being led by the professional Lead for Health Protection PHW. A lead clinician has been assigned to work on engagement locally, to ensure the patient needs are addressed. National meetings have been postponed recently due to the COVID-19 response although progress has been undertaken where possible at a local level.
006-18	Framework of Action for Wales, 2017-2020	01.02.2018	Integrated framework of care and support for people who are D/deaf or living with hearing loss.	Director of Therapies & Health Science	Caroline Lewis	2020	Not provided	Ongoing	Amber	03/03/2021- The Tinnitus Direct Access Pathway should commence in April 2021 as the 'Dual Purpose' room building work is scheduled to be completed on 26/03/2021. Four Band 6 staff have now completed M-level tinnitus training. The Tinnitus Team are conducting both virtual and face to face tinnitus appointments. Recruitment/staffing – <ul style="list-style-type: none"> The Band 4 Fast Track student is in post and is quickly becoming able to perform basic appointments to support the qualified B4 and B5 staff in the adult service in Carmarthenshire. Staff changes within the Paediatric Service, due to Retire & Return, has enabled an existing Band 6 Audiologist to be upgraded on a 2 yr fixed term contract (22hrs) to a Band 7 post to back fill. A Band 5 (2yr fixed term contract) Audiologist is at the final stages of the recruitment process. The proposed creation of a 1wte role of 'Audiology Support Assistant' (ideally 2 x part time posts) to assist with testing young children has not yet been implemented. A service needs review is being performed to assess if this money would be better spent employing a Band 5 Audiologist to further support the service in Ceredigion. Facilities – <ul style="list-style-type: none"> Since the pandemic no further involvement has been had relating to the Cross Hands Community Hub although it has been confirmed that Audiology will have 2 rooms at this site. There has been no communication regarding the Llanelli Wellness Village. One of the test rooms at Prince Philip Hospital has been damaged due to a water leak and will require refurbishment. Procurement and the Welsh Heads of Audiology have agreed an 'All Wales' procurement set up to allow service to have the best value for money. Patient flow – <ul style="list-style-type: none"> There continues to be a significant drop-off in the number of new GP referrals received by Audiology during the pandemic. Comparing February 2020 with February 2021 indicated a 61% reduction in referrals received by the department. Audiology services were required to be suspended twice during COVID-19 and there are currently 181 adult patients breaching their referral to treatment time requirements. The service is involved in developing wax management processes to ensure that the health board is compliant with the recent Welsh Health Circular on wax management.
026-18	Phase 2 – primary care quality and delivery measures	16.07.2018	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	Amber	Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established. Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work is currently suspended due to COVID-19. 30/03/2021- No update received for March 2021 report.

WHC No	Name of WHC	Date Issued	Overarching Actions Required	Lead Executive	Supporting Officer	Date of Expiry / Review	Action required from	Action required by	Y / K - performance - on - schedule / A - on - schedule / G	Progress update
033-18	Airborne Isolation Room Requirements	25.07.2018	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 given	Red	03/03/2021- Compliance paper was taken to the Capital Estates, Information Management & Technology Sub-Committee (CEIM&T) on 26/01/2021. Recommendation made and approved as follows; 1. Establish a Short Life Working Group (SLWG) to develop the strategic direction and plan for the provision of Negative pressure suites (NPSs). 2. Develop in-house or commission a feasibility survey. 3. Consider costed options appraisal following the feasibility survey within an agreed timescale. 4. Consider the cost of carrying out the minimum remedial action as advised by NHWSS to the 2 positive pressure ventilated lobby rooms (PPVL) rooms in light of the fact they are currently the only facilities that the HB has that come close to meeting the current negative pressure isolation requirements. This WHC will be reviewed by the Infection Prevention Group in June 2021.
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28.09.2018	All relevant staff must be made aware of their responsibilities for recording such information in order to support individuals with information and/or communication needs, which are related to or caused by sensory loss, where those individuals are within the scope outlined in this document with immediate effect. All systems in procurement, or for future procurement, MUST comply with this Standard with immediate effect. All relevant actions must be taken in order to comply with the Implementation Plan with immediate effect.	Director of Public Health / Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Amber	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed. The Corporate Team have delivered sensory loss awareness training for staff across the UHB including primary care during November 2019 Sensory Loss Awareness Month. The Corporate Team are working on a project of an on-line interpretation service which is hoping to be piloted with a Primary Care Cluster. Strategic Partnership and Inclusion Manager confirmed in March 2021 as from her perspective there haven't been any further actions that have been specific to the WHCs but, due to current COVID-19 restrictions, there has been the following online activity and training that has been arranged: • For Sensory Loss Awareness Month (Nov 2020) there was a range of communications and social media posts, including information on the difficulties of social distancing for people who are blind and a video providing an overview of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (which includes the need to record and share patient communication and information needs). We also promoted completion of the NHS Wales sensory loss e-learning module. • Sensory Loss and Deaf culture awareness sessions delivered online by the British Deaf Association. • Visual Impairment awareness sessions delivered by Sight Cymru, covering a number of topics including accessibility and inclusion. • Disability Equality Awareness training. • Staff have had reminders on the importance of using interpreters and how to book them (which includes BSL). 30/03/2021- No update received from Primary Care for March 2021 report.
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05.03.2019	It is almost one year since Public Health Wales published A Review of Sexual Health Services in Wales which included a number of recommendations that if implemented would improve both patient and professional experience. This WHC requests the UHB contribution to the implementation of the recommendations and provides an update on progress to date on those areas for which the UHB do not necessarily have direct ownership/ leadership.	Director of Public Health	Dr Michael Thomas	N/A	N/A	Complete audits and local improvement plan by June 2019 (completed). No timescale provided for remaining WHC implementation	Amber	Compliance against Welsh Health Circular 'Implementing recommendations of the review of sexual health services – action to date and next steps' has been progressed through collaborative working between Hywel Dda University Health Board Sexual Health Service, Public Health Wales and other key stakeholders to ensure improved service delivery. Full progress has been detailed in a Sexual Health Service Improvement Plan, which utilises an audit tool. The Improvement Plan was submitted to Welsh Government on 27/06/19 for review. Recent service improvement included the fully integrated Sexual Health Clinic hub in Aberystwyth, a new Carmarthenshire hub and the development and good progress with the 'Test and Go' service and 'Test and Post' service. Positive feedback has also been received on the Early Medical Abortion at Home (EMAH) service. 09/07/2020 Response significant improvement in Sexual Health with the development of the strategy. A new SH service has been established in Aberystwyth and also the imminent opening of the SH Hub on new site in Carmarthen., which was delayed due to COVID-19. 01/03/2021 Update provided by Supporting Officer. Improvements have progressed for Sexual Health Services as planned, although physical clinical activities has been reduced during lockdown and due to the delivery of the covid response.
017-19	Living with persistent pain in Wales guidance	07.05.2019	Guidance for NHS staff relating to persistent pain.	Director of Therapies & Health Science	Fifon John	apr-22	Not provided	N/A	Amber	5/03/2021 An update from the Chronic Pain Service: • Between March and September 2020 - some staff were redeployed, others continued to offer a service to those who were receiving biopsychical interventions on a 1:1 basis - this work continued by telephone initially. Work continued to redesign services, creating the ability to transfer the service to virtual and digital platforms. Significant time was spent redesigning the Pain Management Programme (PMP) to be facilitated virtually. • We returned to service delivery in September 2020, undertaking virtual assessment clinics - using T/C and AA. All clinics are populated by new patients on the W/L. • As soon as the digital platform was ready to use, we began facilitating the virtual PMP - we ran 7 programmes in the autumn with 75 patients completing a 10-week PMP virtually. we are currently on the second run of the virtual PMPs with 5 programmes running - 70 patients are due to complete this run. • We continue to work with an industry partner to develop the e-learning PMP which will be a holistic, comprehensive independent learning self-management PMP that people can eventually be offered earlier in their pain journey (Primary Care or Secondary Care) which will hopefully work towards reducing the demand on Secondary care pain services, increasing the ability to redirect resources to addressing the initial assessment waiting lists. This work is supported by the Health Board and is a priority project for the VBHC team. The e-learning PMP will be evaluated with support from Accelerate and R&D. Adopt and spread potential. • A Primary Care pain post has been funded by the North Ceredigion GP cluster for 2 years. This is a pilot initiative to explore the benefits (to patient and health service) of early intervention for pain in Primary Care. We hope that improving patient understanding of pain, supporting their acceptance of pain and re-engagement with meaningful activity before the pain cycle becomes entrenched will have a positive impact on patient wellbeing, need for onward referrals and demand on GP and medication. All of the above is in line with Living with Persistent Pain in Wales guidance.

WHC No	Name of WHC	Date Issued	Overarching Actions Required	Lead Executive	Supporting Officer	Date of Expiry / Review	Action required from	Action required by	R/K - pending schedule / A - on schedule / G	Progress update
024-19	Pertussis – occupational vaccination of healthcare workers	30.07.2019	To help protect babies from pertussis, from August 2019, healthcare workers in NHS Wales who have not received a pertussis-containing vaccine in the last 5 years and who have regular contact with pregnant women and/or young infants will be eligible for a pertussis containing vaccine as part of their occupational health care.	Director of Public Health	TBC	N/A	Not provided	Not provided	Amber	05/05/2020 Due to COVID19, we have only started the programme in March but then the OH staff are not allowed into ward areas and are deployed into ensuring the staff recruited to manage COVID-19 patients are immunised as a priority. 24/07/2020 There has been a delay in delivery of the programme due to capacity and prioritisation of COVID-19 related work. 01/03/2021 No update for Pertussis, unfortunately due to the demands of the pandemic and are wholly engaged in ensuring adequate staff are recruited. Supporting Officer now retired. Awaiting clarity on new Supporting Officer for this WHC going forward.
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20.08.2019	The WHC sets out the progress of the national digitisation of nursing documents programme, outlining the crucial next steps for health boards/trusts, and the agreed implementation schedule of the various assessment tools that have been developed through the national programme in association with NHS Wales staff. The WHC also reminds Health Boards that from March 2020 the Clinical Nursing Informatics Lead posts will be funded by individual health boards/trusts.	Director of Nursing, Quality and Patient Experience	Judith Bowen/Sharon Daniels	31/05/2021	N/A	30/11/2019 31/12/2020 31/05/2021	Amber	02/03/2021- The remaining documents to implement are Falls and Adult In Patient Assessment. All the other documents are now fully implemented across Adult In-Patient Care settings. The plans for rolling out paper versions have been delayed until operational sites are more stable due to the pressures caused by COVID-19. On 16/03/2021 the Welsh Government confirmed that the deadline of compliance against this WHC is extended until 31/05/2021. This further extension and timetable review is acknowledging the ongoing pressures on services and the effect on frontline staff capacity to fully adopt the new tools or use digital formats of the core tools.
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20.09.2019	In December 2018, a Welsh Health Circular (WHC (2018) 30) was issued on the new data standard, which is required as a key enabler to ensure effective capture and communication of sensory loss communication and information needs between healthcare professionals in Wales. This is a follow up/awareness to the previous WHC with a hand out on how to record the communication needs for these patients.	Director of Public Health / Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Amber	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. No progress on this WHC during COVID-19. Reporting to WG took place for last financial year as required. Equipment and training materials were purchased from budget. Strategic Partnership and Inclusion Manager confirmed in March 2021 as from her perspective there haven't been any further actions that have been specific to the WHCs but, due to current COVID-19 restrictions, there has been the following online activity and training that has been arranged: <ul style="list-style-type: none"> For Sensory Loss Awareness Month (Nov 2020) there was a range of communications and social media posts, including information on the difficulties of social distancing for people who are blind and a video providing an overview of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (which includes the need to record and share patient communication and information needs). We also promoted completion of the NHS Wales sensory loss e-learning module. Sensory Loss and Deaf culture awareness sessions delivered online by the British Deaf Association. Visual Impairment awareness sessions delivered by Sight Cymru, covering a number of topics including accessibility and inclusion. Disability Equality Awareness training. Staff have had reminders on the importance of using interpreters and how to book them (which includes BSL). 30/03/2021- No update received from Primary Care for March 2021 report.
005-20	Recording of Dementia Read Codes	30/09/2020	sets out the READ codes which should be captured by memory assessment and GP/ primary care services and recorded on all information shared between services, to the person living with dementia and their carer (if they wish to receive this information), and within the Memory Assessment Service, Learning Disability Memory Assessment Service and primary care data bases. It also sets out guidance for Welsh Health Boards to assist with the recoding of a diagnosis of dementia using the READ CODES.	Director of Therapies & Health Science	Bethan Andrews	mar-21	Not provided	apr-21	Amber	05/02/2021 Gareth Beynon confirmed to Bethan Andrews COTE SDM that this WHC does not fit in Secondary Care. 08/02/2021 - WHC issued to Primary Care who have circulated the document and issued reminder to Primary Care to use the appropriate codes and no further action required after that from Primary Care. Also issued to MH&LD who have requested SM in OAMH review, requested an update. 16/02/2021 Follow up with Service Manager OAMH query on an audit to prove compliance, this will take a little while. Other than that, I can safely say most dementia diagnosis comes via Memory Assessment Services and we have been using the READ codes consistently for some time, this is built into our paperwork there. The same diagnosticians also work in our Community Mental Health Teams and Wards, so would be familiar. 15/03/2021 Snapshot audit completed for Older Adult Community Mental Health Teams and Memory Assessment Teams. Overall compliance, only one team at variance where errors have been taken up with medical staffs. Only 8 documents checked in that team due to lower referral numbers to OA-CMHT. 18/03/2021- Neurology responded and confirmed this is part of their processes going forward.

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015-20	POLICY ON SINGLE-USE AND REUSABLE LARYNGOSCOPES	14/09/2020	Laryngoscopes are medical devices used in the management and intubation of patients' airways. Because of their ergonomic design, associated grip needs for the user, and the blade mount, laryngoscope handles can be easily contaminated when used and can also be very difficult to clean. To ensure patient safety, the safest approach is to purchase laryngoscopes as single-use items to be disposed of after being used on individual patients during a single episode of care (not to be reprocessed and used again even on the same patient). However, if local policy is to use reusable laryngoscopes, it is essential that they are decontaminated and sterilised in accordance with the manufacturer instructions using automated/validated methodologies and by accredited sterile service departments.	Director of Operations	Stephanie Hire/ David James	09.01.2021	Board level & operational level decontamination leads-- for transmission to all relevant colleagues including for example, theatre Medical Directors Nurse executive Directors Directors of Therapies & Healthcare Science NWSSP-Specialist Estates Services	09.01.2021	Amber	18/03/2021- The UHB use disposable laryngoscope blades. Currently the handles (which are reused) are decontaminated in HSDU after every use. Clarification being sought by supporting officer if this WHC now fully implemented following the progress above.
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	To implement the recommendations of the Wax Management Task and Finish Group as included in the WHC	Director of Primary Care, Community and Long Term Care	Tracey Huggins (Head of GMS)	Ongoing	Health Board and NHS Trusts	10.01.2021	Amber	The WHC requires the service to be up and running by 31/10/2021. A pilot has been developed for Ceredigion and there would then be an option to roll this out across Carmarthenshire and Pembrokeshire if successful – pending approval from the County Directors.
018-20	Last Person Standing	10.01.2020	In the short term, it was jointly recognised that there is a need to address Last Person Standing (LPS) for individuals who are experiencing an immediate threat to the continued viability of their practice.	Director of Primary Care, Community and Long Term Care	Ceinwen Richards	Ongoing	All health boards	All health boards	Amber	Primary Care Development Manager confirmed on 23/03/2021 that there is no update regarding this WHC due to COVID-19.
004-21	Ordering influenza vaccines for the 2021-2022 season	19/02/2021	This letter provides guidance on ordering supplies of influenza vaccines for the 2021- 2022 season. It is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI's statement on influenza vaccines for the 2021-2022 season can be found at: JCVI or NHS Wales Intranet (NHS Wales staff only)	Director of Public Health	Lynne Edwards	N/A	Not provided	Not provided	Amber	Response received the HB has made a request for the supply of vaccines for the NHS staff facing element of the flu programme based on the vaccines recommended in the WHC. We have increased our order again this year to aim to meet the 75% aspiration, with request for 8000 QIVc and 200 aQIV (to cover the over 65s). Process is underway for 2021/22.
007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	03.11.2021	This guidance has been prepared in response to issues identified in the latest published coverage data for the Healthy Child Wales Programme. The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their health boards; from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention; screening, immunisation and monitoring and supporting child development. The 6 week examination is delivered by health boards and undertaken by General Practitioners as an established component of the HCWP	Director of Public Health	TBC	N/a	NHS Wales, General Practitioners	31/03/2021	Amber	24/03/2021- Currently the 6 week check is a GP check the health visitors if previously in the clinic would have possibly weighed and measured the baby as part of the local process for the 6 week check. However Health Visitors do not routinely see the baby at 6 weeks. The Health Visitor contact is at 8 weeks as per HCWP and WG guidance and this is what is currently being implemented.