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

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

August 2023

Situation

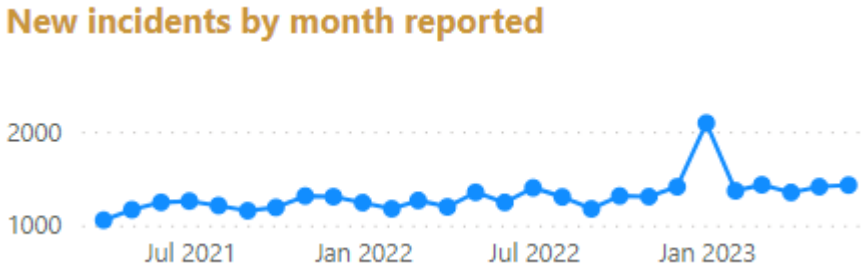
The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an overview of quality and safety across the Health Board.

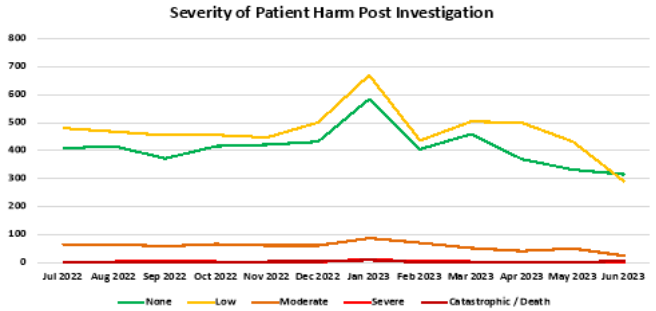
The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.

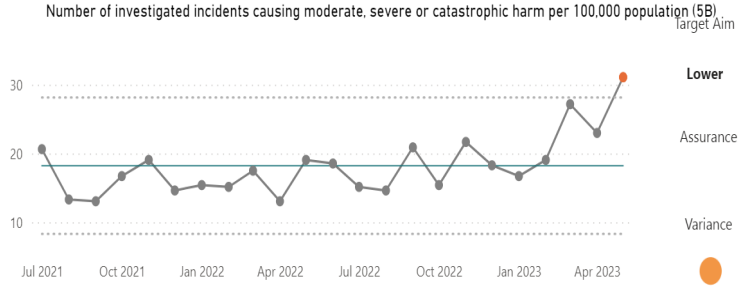
This report provides information on:

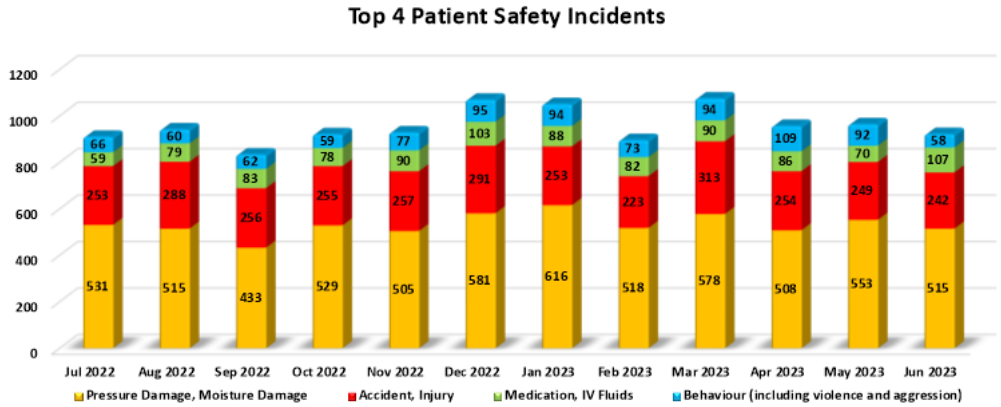
- Patient safety incidents including a focus on pressure damage
- Nationally reported patient safety incidents
- Duty of Candour
- Infection control
- Hand hygiene
- The nosocomial COVID-19 review programme
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Welsh Health Circulars and Ministerial Directions

Incident Reporting









There were 16,376 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1 July 2022 – 30 June 2023.

Of the 16,376 patient safety incidents reported, 9,865 have been closed.

In March and April 2023, 3,184 incidents were reported of which 2,704 were patient safety related

Incident Hot Spots

- 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 the 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.

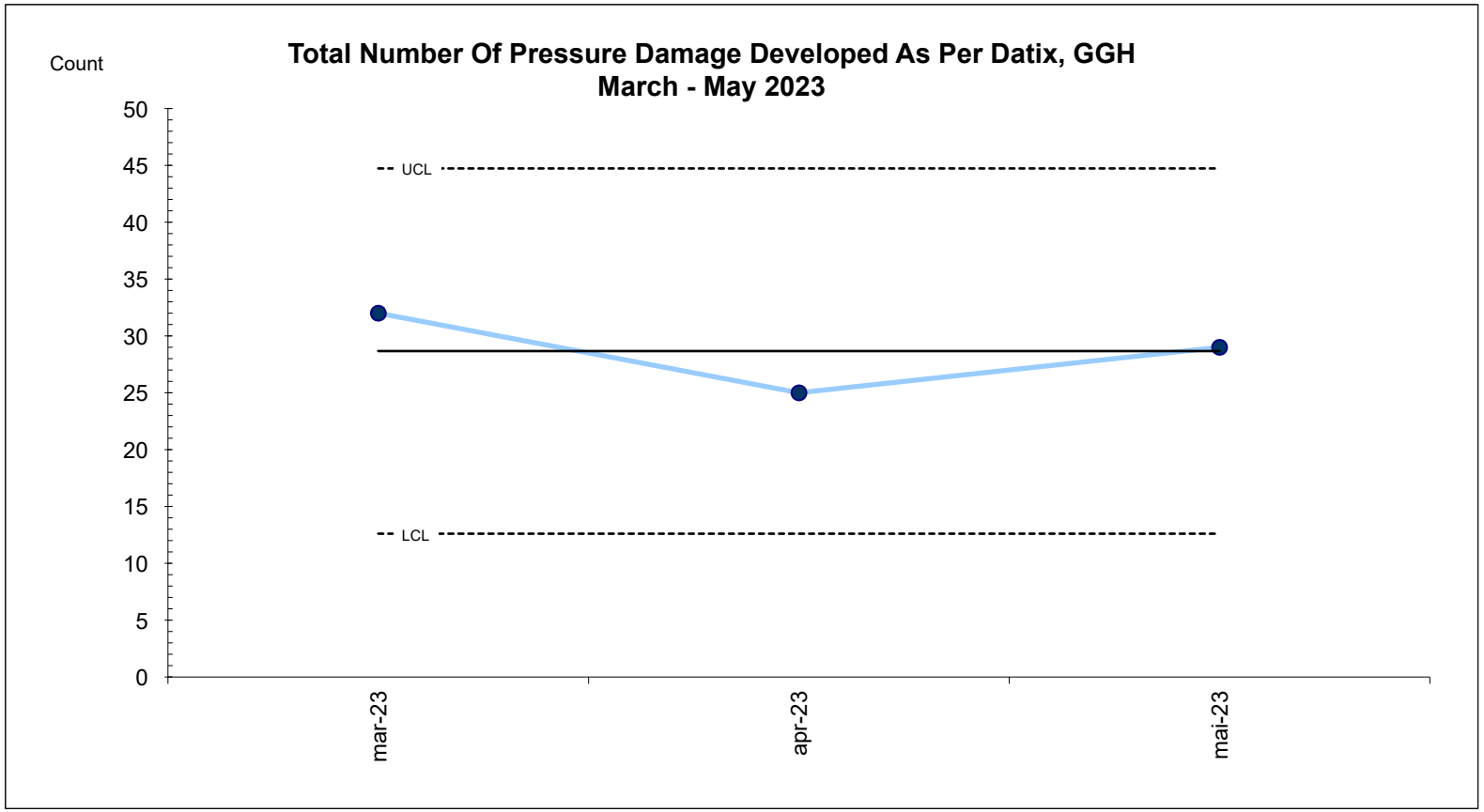
Focus on Pressure damage (GGH)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

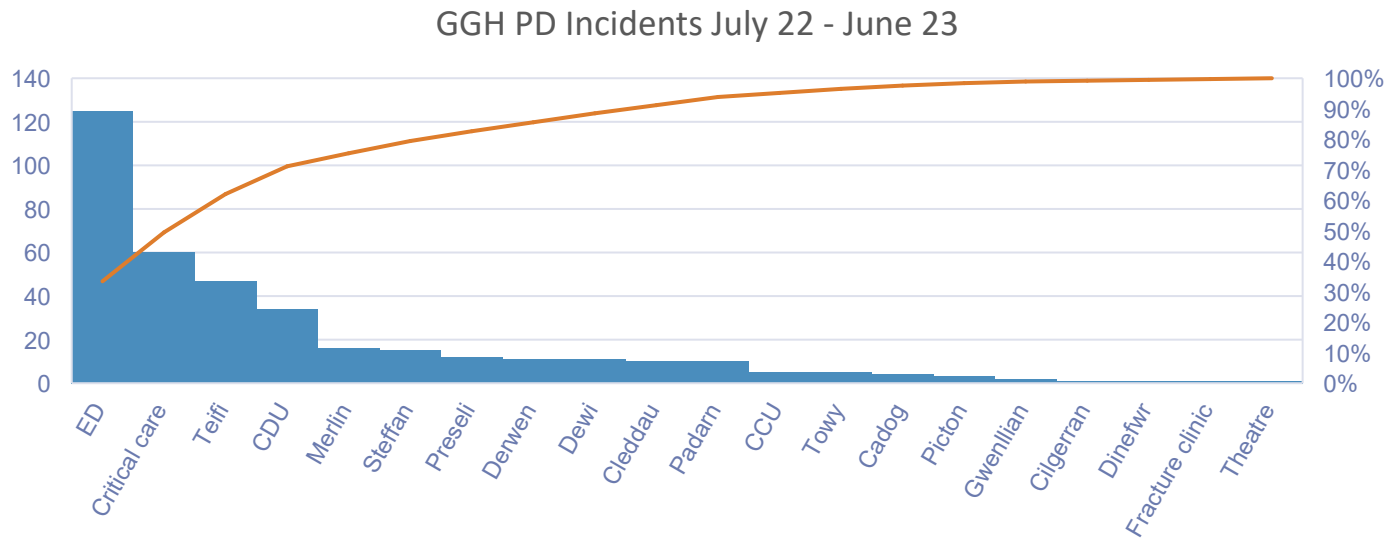
As Glangwili Hospital (GGH) has been highlighted as an area of concern, we have reviewed the Datix's for March – May which demonstrate there have been 86 pressure ulcers reported during this time period.

DATIX REVIEWED.

MARCH 1ST – MAY 31ST 2023 = 86 PRESSURE ULCERS



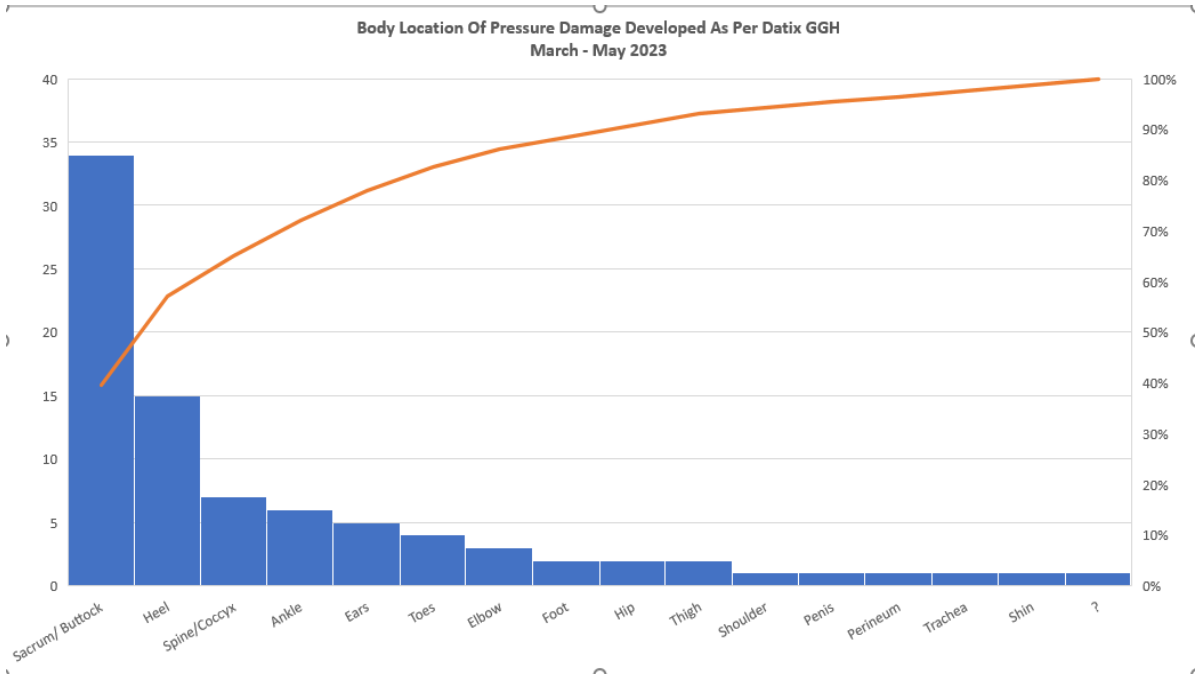
Pressure damage



A Pareto chart as displayed above demonstrates that Emergency Department (ED) in GGH are the clinical area with the most reported pressure damage, followed by Critical Care and then Teifi Ward.

The Quality Improvement (QI)Team Team have met with Tissue Viability Nurse (TVN) Team/Hospital Head of Nursing to identify a number of Plan, Do Study, Act (PDSAs) in GGH ED. Discussions have been held regarding the trial of a TVN assessor on site and the use of repose cushions in the ED waiting area.

Pressure damage

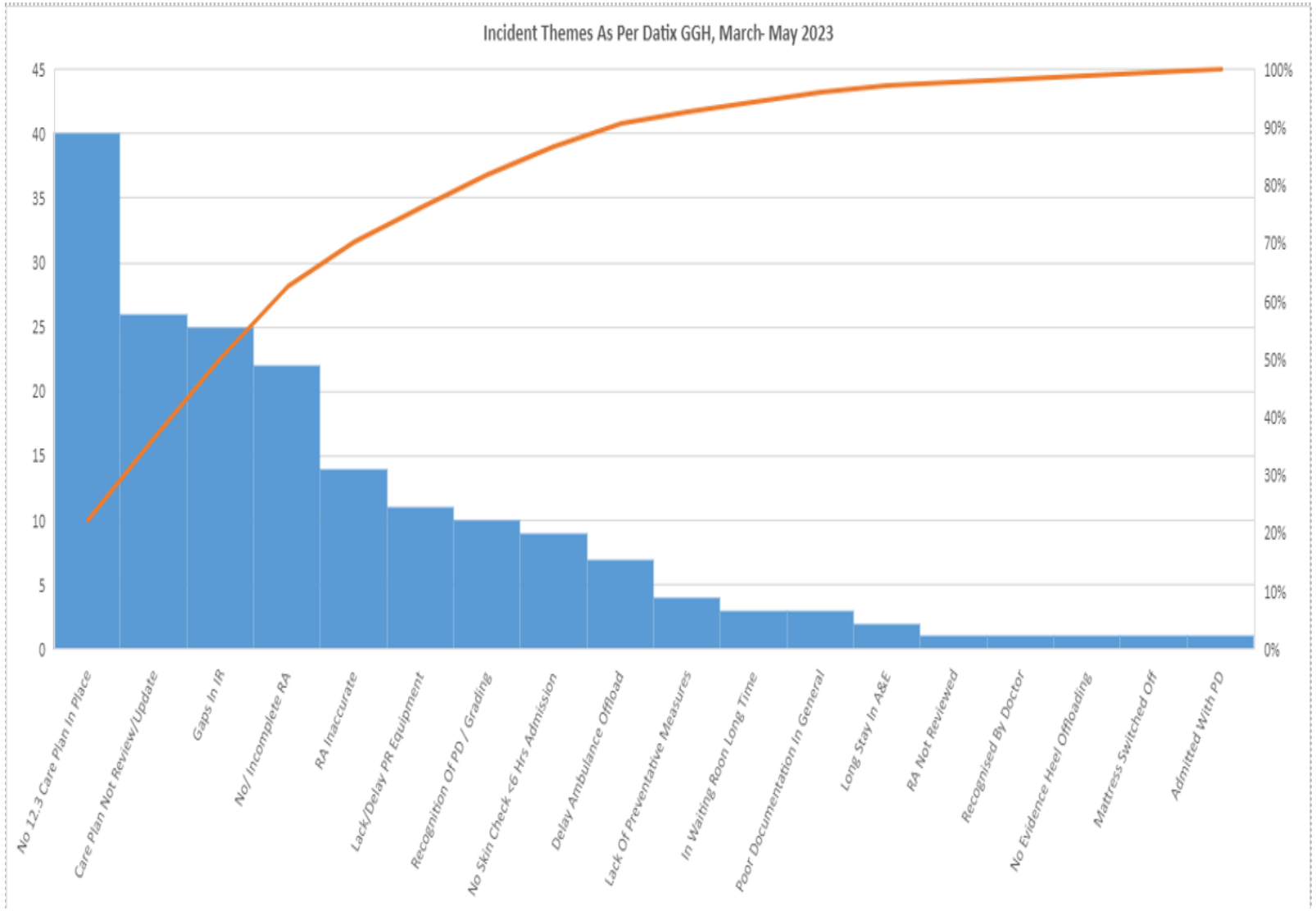


The data shows that sacrum/buttocks and heel pressure damage are the main body locations where pressure damage is developed.

Pressure damage

Eighteen key themes identified. QI team working closely with TVN team to identify PDSAs in GGH ED.

The completion of care plans and documentation is a key cause for concern. A collaborative training session with TVNs/QI is in discussion / development.



Nationally Reportable Incidents

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Timeliness of closure

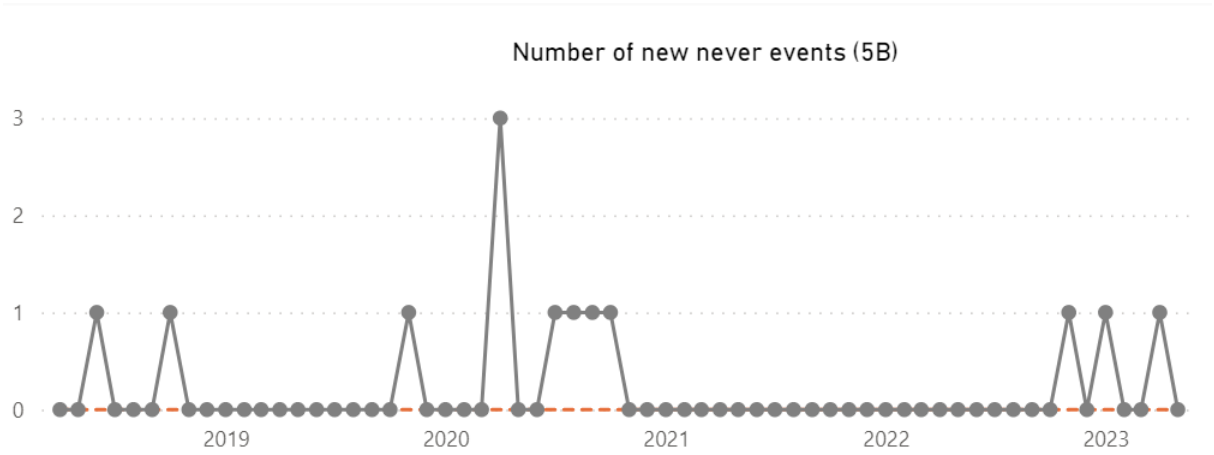
The Quality Assurance and Safety Team (QAS Team) are undertaking a piece of work to “spot check” review incidents closed on a monthly basis.

The work will include checking that the incident investigation is of sufficient quality, has robust “make safes” and actions to prevent reoccurrence as well as a review of the level of harm allocated at closure.

If any further actions arise from this work the services will be supported to complete the work in a timely manner.

Learning

The QAS Team are undertaking work on actions and learning identified from incidents with the aim of making the learning robust, through a lens of continual improvement.



	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1	Total
Access, Admission	0	0	4	2	2	4	1	0	13 (0)
Accident, Injury	0	0	0	1	1	1	3	2	8 (3)
Assessment, Investigation, Diagnosis	0	1	1	3	0	1	0	0	6 (3)
Behaviour (including violence and aggression)	1	2	1	1	0	1	0	0	6 (1)
Infection Prevention and Control	1	0	0	0	0	0	13	7	21 (10)
Maternity adverse occurrence	1	0	0	1	1	1	0	1	5 (4)
Medication, IV Fluids	0	0	1	0	1	0	0	0	2 (0)
Monitoring, Observations	0	0	0	1	0	0	1	0	2 (0)
Patient/service user death	0	2	6	8	1	8	4	5	34 (17)
Pressure Damage, Moisture Damage	0	0	4	4	1	2	2	4	17 (1)
Transfer, Discharge	0	1	0	0	2	0	0	0	3 (0)
Treatment, Procedure	1	0	1	1	2	2	2	0	9 (4)
Total (total awaiting closure)	4 (0)	6 (0)	18 (2)	22 (9)	11 (3)	20 (6)	26 (11)	19 (12)	126 (43)

Duty of Candour

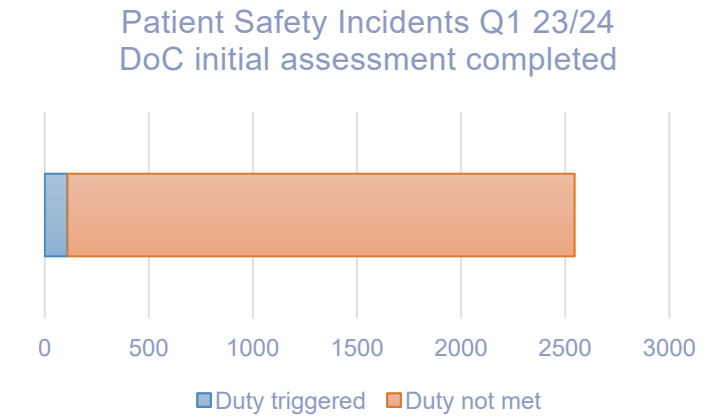
From the daily review of the Datix records in relation to incidents with a more than minimal report of harm, further work across the Health Board is needed relating to accuracy of reporting actual harm.

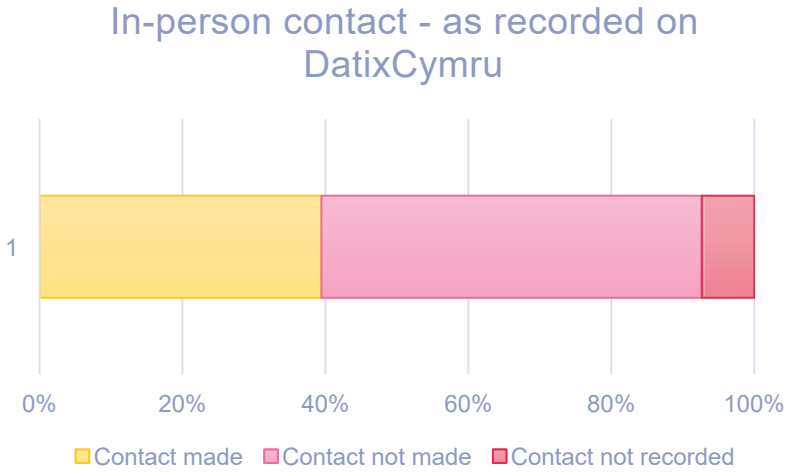
A Duty of Candour Scrutiny Panel has been suggested and is being developed as a resource for services as a forum staff can bring and discuss cases that may trigger the Duty or to discuss particularly complex cases.

Having undertaken a random review of some records where the service consider that Duty of Candour has triggered, it is clear that further training is required regarding the conditions to be met for the Duty to trigger:

(1) The **first condition** is that a person (the "service user") to whom health care is being or has been provided by the body has suffered an adverse outcome.

(2) The **second condition** is that the provision of the health care was or may have been a factor in the service user suffering that outcome.

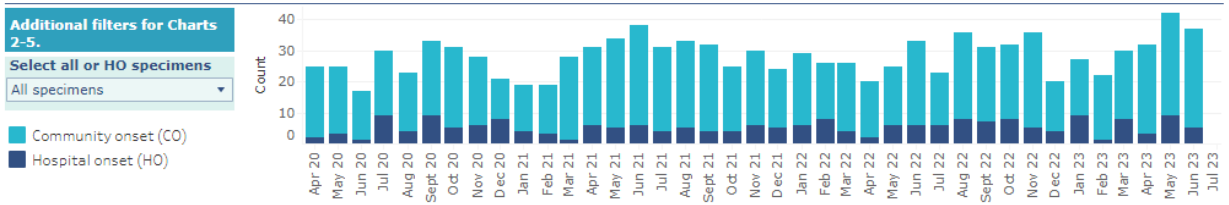


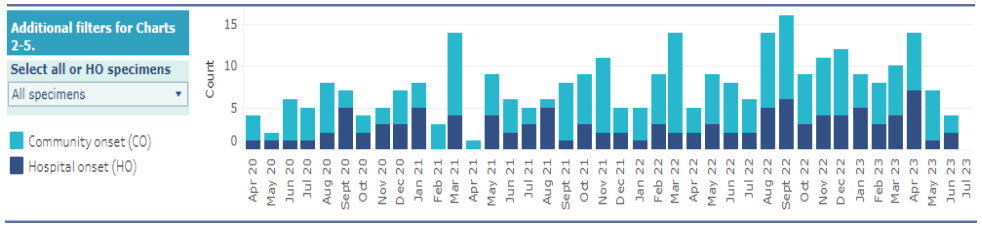


Infection Control

Increased Multi Disciplinary Team focus on *C.diff* across the HB and compliance with the measures set out in the Healthcare acquired infection (HCAI) Improvement Plan are helping to sustain the reduction in cases. There is a 21% improvement on last year

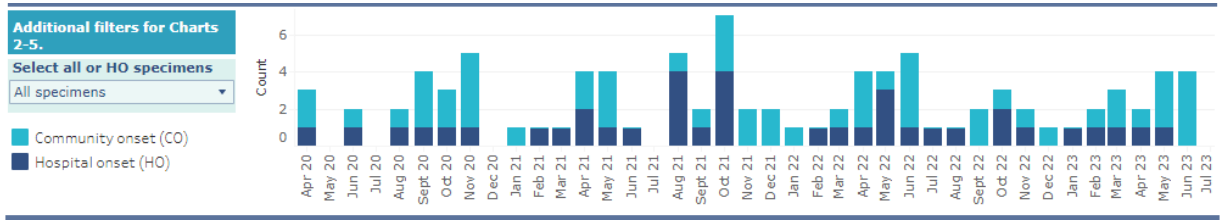
E.*coli* rates across the Health Board (HB) have increased by 30% above the same period last year, the community burden on infection rates is increasingly obvious, the infection prevention nursing team provision for community training is having little impact on our *E.coli* bacteraemia results

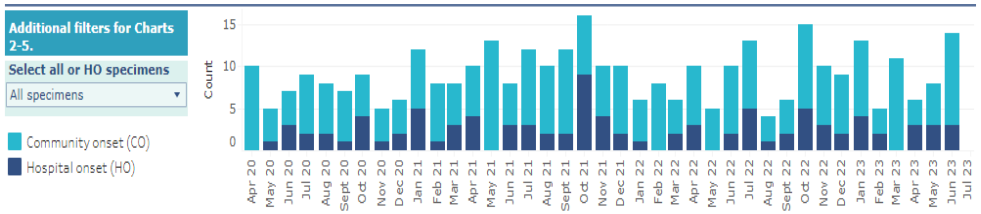




Although we have seen a 4% increase in the rate of *Klebsiella sp* over the same period last year, we are seeing a slight decline in cases both community and hospital onset.

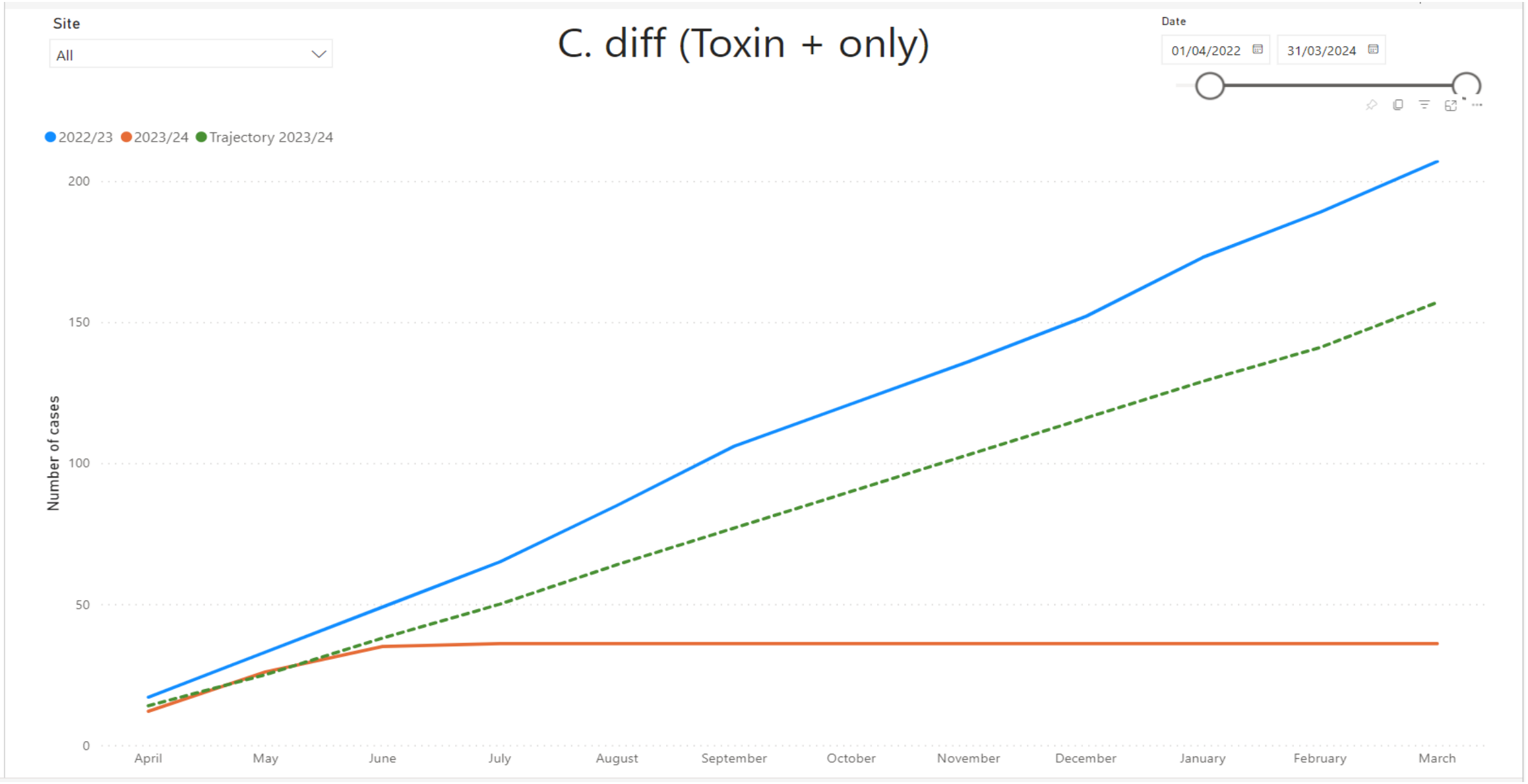
There has been a 23% decrease in *Pseudomonas aeruginosa* over the same period last year.





A slight increase in *S.aureus* has been noted with higher numbers of cases identified within the community setting – skin and soft tissue are the predominant source for these infections.

C.diff Trajectory Figures



Infection Prevention Update

- Continuing compliance with the Health Care Acquired Infection (HCAI) Improvement Plan 19 1 23 Delivery Table for CDI Improvement Latest.xlsb is enabling positive results to achieve the C.*diff* 20% reduction trajectory as agreed with Welsh Government as an action while under Enhanced Monitoring
- C.*diff* Root Cause Analysis (RCA) process now embedded with improved medical engagement
- C.*diff* scrutiny meetings continue on all sites
- Medication chart proton pump inhibitors (PPI) awareness stickers successfully trialled in Prince Philip Hospital and now utilised across all sites
- C.*diff* stickers for medical notes currently being printed
- Faecal microbiota transplant (FMT) service gaining momentum – six procedures performed successfully within the last five months
- C.*diff* internal review circulated to IPSSG members – forwarded to Welsh Government as requested in response to the Enhanced Monitoring position
- Working individually and at cluster level with GP's raising awareness of C.*diff* symptoms, antimicrobial stewardship and latest NICE treatment guidelines continues
- Aseptic Non-Touch Technique (ANTT) compliance improving across all areas including primary care
- Hand hygiene validation audits currently being undertaken across all inpatient areas by the Infection Prevention Team – results to be presented on completion.

Hand hygiene compliance

Secondary Care

- Validated hand hygiene audits currently being undertaken across all inpatient areas – results to be presented when completed

Health Board (HB) managed GP practices (x 6)

- Hand Hygiene (HH), Personal Protective Equipment (PPE) and Bare Below the Elbow (BBE) audit tool sent out to HB managed practices during Covid Pandemic in collaboration with Primary care leads to implement and obtain assurance on infection prevention practice - feedback on this not formally delivered to the infection prevention team (IPT)
- May 23 – HH, PPE and BBE audit tool was updated and circulated to managed practices to conduct monthly audits, feedback process/scrutiny - Managed Practice Quality and Safety Group (ANP -Community Infection Prevention attends)
- Validation on HH/PPE and BBE to be conducted by IPT on managed practices in July/Aug 23 and assurance on feedback process and actions
- Implementation plan in progress for HH audits for other community services to conduct such as community clinics, dental and primary care

Care homes

- HH audit tools implemented in all Carmarthenshire local authority care homes with validation and scrutiny process in place by the integrated infection prevention nurse (IPN)
- Pembrokeshire and Ceredigion local authority care homes HH audits being discussed and implemented
- All independent care homes; work in progress to establish HH audits as good practice initiative
- All care homes in HDUHB have an allocated local authority officer to work with them on HH/infection prevention practice which is supported by the integrated IPN
- Hand hygiene training is conducted in all care homes

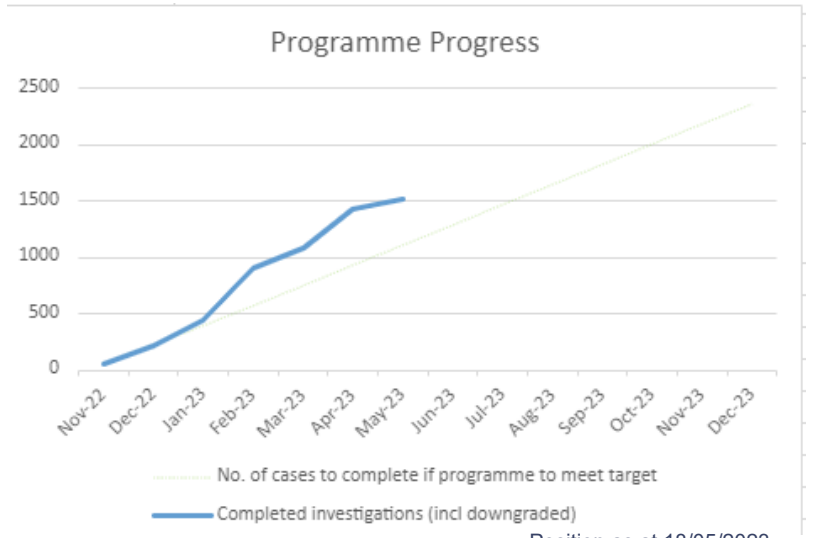
Nosocomial COVID Review Programme

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The COVID Programme Review Team and Quality Assurance and Safety Team have seen a number of important local themes coming through these reviews and they should be considered alongside the national learning coming from all Health Boards during this review process. Hywel Dda themes are listed below:

- The ageing estate and lack of side rooms for vulnerable patients e.g. those undergoing cancer treatment or shielding patients
- The reasons documented in notes for a patient undergoing a swab – this has not always been noted in records, e.g. a contact, the ward suffering a potential outbreak for example
- Communications with family once a result from a swab is known. In some cases the communication with family was very good, but not so in all cases
- The reasons documented in notes as to why a patient was isolated
- Delays in discharge – the review has seen a large number of patient's who were medically fit for discharge (MFFD) but their route to discharge was blocked for a reason such as a) the nursing home destination was closed to admissions due to an outbreak; b) a vulnerable relative at home c) awaiting a package of care and the associated delays getting that in place during the pandemic

Sadly, in a number of cases, some patients who were MFFD remained in hospital, caught COVID and passed away whilst in the hospital ‘s care.



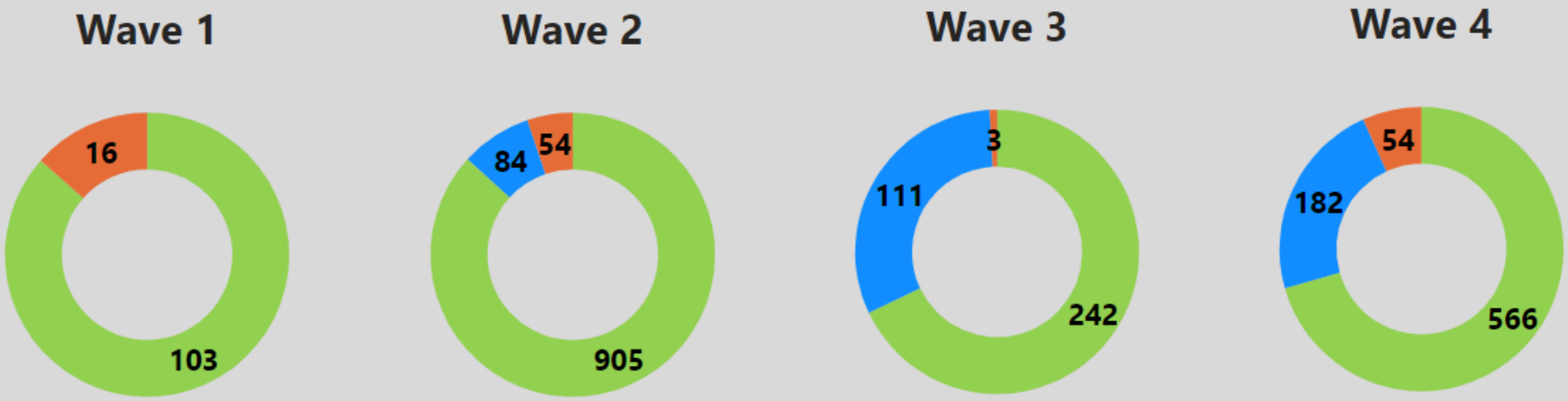
Position as at 18/05/2023

	Wave 1 (27/2/2020 - 26/7/2020)	Wave 2 (27/07/2020 - 16/05/2021)	Wave 3 (17/05/2021 - 19/12/2021)	Wave 4 (20/12/2021 - 30/04/2022)	**Total (18/05/2023)**	Position As at 30/03/2023	Live 01/05/22 -
Total number of suspected hospital acquired COVID included in the review	119	1043	356	802	**2320**	2320	998
Total not started / under investigation	0	69	38	206	**327**	531	661
Total review complete (awaiting decision for panel)	26	142	76	1564	**386**	473	27
Downgraded	14	80	52	49	**195**	83	34
Total referred to panel (not closed)	9	58	7	17	**91**	236	14
Total completed investigations	70	694	183	374	**1321**	997	262

NNCP Data - Hywel Dda UHB

Position reported to the National Nosocomial COVID Programme for end on June 2023

GIG CYMRU NHS WALES
National Nosocomial COVID-19 Programme



Status Completed In Progress Not Started

Wave 1	Wave 2	Wave 3	Wave 4	Reset

Total Cases

2320	0
Latest	Change

In Progress

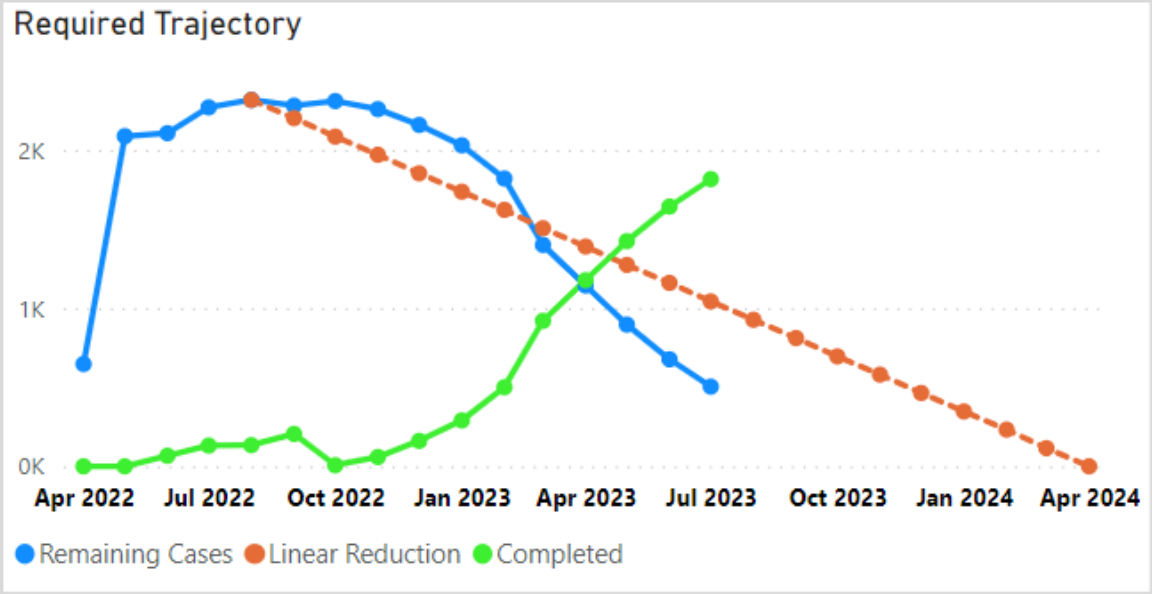
127	-251
Latest	Change

Completed

1816	173	78.28%
Latest	Change	%

Not Started

377	78
Latest	Change



Nosocomial COVID Review Programme

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

Learning identified

The COVID Programme Review Team and Quality Assurance and Safety Team have seen a number of important local themes coming through these reviews and they should be considered alongside the national learning coming from all Health Boards during this review process. Hywel Dda themes are listed below:

- The ageing estate and lack of side rooms for vulnerable patients e.g. those undergoing cancer treatment or shielding patients
- The reasons documented in notes for a patient undergoing a swab – this has not always been noted in records, e.g. a contact, the ward suffering a potential outbreak for example
- Communications with family once a result from a swab is known. In some cases the communication with family was very good, but not so in all cases
- The reasons documented in notes as to why a patient was isolated
- Delays in discharge – the review has seen a large number of patient's who were medically fit for discharge (MFFD) but their route to discharge was blocked for a reason such as a) the nursing home destination was closed to admissions due to an outbreak; b) a vulnerable relative at home c) awaiting a package of care and the associated delays getting that in place during the pandemic

Sadly, in a number of cases, some patients who were MFFD remained in hospital, caught COVID and passed away whilst in the hospital ‘s care.

For previous learning see appendices

Health Inspectorate Wales (HIW) Quality Checks/Inspections: Recent reviews and inspections

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

Area of Review	Recomm-endations	Update
Prince Philip Hospital (PPH) Minor Injury Unit (MIU) unannounced inspection	23	On 26 June 2023 HIW arrived at PPH MIU for an unannounced inspection. To date only the immediate improvement plan has been received and responded to and partial assurance has been received in response. A meeting with the inspectorate is being scheduled to clarify the actions the Health Board is taking to tackle the capacity challenges faced by the service. Further detail on this inspection is provided later in this report.
National Review of Stroke Pathways	49	The Health Board's contribution to this review, an onsite inspection, took place at Bronglais Hospital between 28 – 30 March and 16 May 2022 for the clinical areas. HIW also interviewed the corresponding staff at PPH, GGH and WGH for Stroke and Patient Flow. The draft report was received on 19 July 2023 for factual accuracy checks to be submitted on 31 July 2023. The report has been shared with services for comments. **The overall report is currently embargoed prior to publication.**
Mental Health Discharge Review (Cmw Taf)	TBC	On 7 March 2023, HIW published a report following a review undertaken to assess the quality of discharge arrangements in place within Cwm Taf Morgannwg University Health Board for adult patients being discharged from inpatient mental health services to the community. HIW have now announced a review into discharge from all mental health services for services to benchmark against the learning from the Cym Taf report. Hywel Dda's thorough response was submitted on time and **we await the final report**.
IRMER Report GGH	0	Following submission of an IRMER notification the service have undertaken a full detailed investigation report which is due for submission on 14 June 2023. **The report was submitted on time.**
Child Protection Rapid Review	0	Following the publication of a Child Practice Review in November 2022 HIW announced a review into current structures and processes in Wales to ensure children are appropriately placed on, and removed from, the Child Protection Register when sufficient evidence indicates it is safe to do so. **The embargoed report was shared with the Health Board on 21 June 2023. The Safeguarding Team are reviewing the report for learning.**
Tregaron GP Practice Inspection	TBC	An inspection took place on 16 February 2023. No immediate assurances concerns nor infection control issues were identified. A few points are expected regarding staff induction and location of the practice policies. **The draft report is awaited.**
Do not Attempt Cardiopulminory Resuscitation (DNACPR) Review	-	HIW announced a formal review of Health Board's management of DNACPR patient processes. Submission of a significant number of historical records took place for this review in February 2023. The Health Board were informed on 8 March 2023 that a piece of work is underway for a national thematic review to be carried out by the Mortality Review (MR) Group at the Welsh Delivery Unit. **This review has therefore been postponed for the time being.**

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

Area of Review	Recomm-endations	Update
Argyle Medical Group Inspection January 2023	2	An announced Quality Check took place on 5 January 2023 at the Argyle Medical Group GP surgery. Feedback on the quality related to environmental risk assessment and protocols dates.
A&E (GGH) Inspection December 2022	27	An unannounced inspection took place between 5 and 7 December 2022. There were several areas of immediate assurance required including securing the gas storage room, promotion of privacy and dignity within the surge areas at times of high capacity, resuscitation trolley checks, regularity of assessments for waiting patients, sepsis screening and the safety and wellbeing of children waiting within the department. Following further assurance the improvement plan for this report was approved and the report published. **Of the 6 actions open, all have future dates.**

HIW Quality Checks/Inspections: An update on those previously reported

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Area of Review	Recomm-endations	Update
Maternity (GGH) November 2022	12	An unannounced inspection took place on 29 and 30 November 2022. There were several areas of positive feedback, no immediate concerns highlighted and the recommendations relate to mandatory training and appraisal compliance. The final report was published on 16 February 202. **There is currently 1 overdue action open on Audit Management Tracking System (AMAT) for the installation of new signage.**
IRMER Inspection (GGH) November 2022	19	An announced inspection took place on 15 and 16 November 2022. The verbal feedback highlighted no immediate concerns and the recommendations relate to the standard of appointment letters, compliance with IRMER regulations, although acknowledgment that work is well underway to address this aspect, processes require updating and staff training. The report was published 24 January 2023. **There are currently 14 actions open on AMAT, 10 are overdue and the remaining 4 have future dates.**
Angharad ward, (BGH) Paediatric ward October 2022	8	An unannounced inspection took place on 4 and 5 October 2022. The draft report highlighted no immediate concerns, the recommendations relate to timely CAHMS assessments, cleaning chemical storage, the requirement of a new clinical medication fridge, the development of menus, the replacement of flooring and reminders to staff regarding allergies and weight recording on drug charts and the countersignature and printing of names on documentation. The report was published on 5th January 2023. **All recommendations are complete.**
Bryngofal ward, PPH July 2022	19	An unannounced inspection took place on 11 July 2022. The verbal feedback highlighted no immediate concerns and the recommendations relate to maintenance and refreshing environment, reorganisation of clinical room and the use of an office for staff, the provision of a fridge for patient use, consideration of staff uniforms on escort duty, training records, medication records and highlighting attention to the Consultant Psychiatrist and the Psychologist posts currently vacant. At the point of updating this report **there are currently 2 actions open on AMAT that are overdue, one relates to medical cover onsite at PPH and the second relates to replacement of curtains.**
Ward 7 PPH February 2022	19	The inspection took place in November 2021 where 19 recommendations were raised on matters such as workforce, medicines management, governance and leadership, infection prevention and risk and health and safety. **All recommendations are complete**.
National Review of Mental Health Crisis Prevention	19	This final report into the national review was published in March 2022 involved services benchmarking themselves against the recommendations suggested. The improvement plan was submitted 27 May 2022 which requires some redesign of pathways of care and development of services, communication and engagement with primary care services and development of some staff roles and recruitment into new staffing models. At the point of updating **this report there are at present 4 actions open on AMAT with new future dates.**

HIW Quality Checks/Inspections: An update on those previously reported (cont)

Area of Review	Recomm-endations	Update
Ystwyth Medical group Quality Check	0	The quality check took place on 7 February 2022. The review covered environment, infection, prevention and control and governance and staffing. **The report made no recommendations of the service**.
Llandovery Hospital Quality Check	0	The quality check took place on 15 March 2022, following postponement from 2021. The review covered environment, infection, prevention and control, governance and staffing, and some aspects of Covid-19 management. **The report made no recommendations of the service**.
Tregaron Community Hospital	29	An on-site inspection was undertaken on 7 and 8 September 2021, whereby 29 recommendations raised on matters including patient experience, delivery of safe and effective care and quality of management and leadership. At the point of collating this report **all recommendations are complete.**
HIW IR(ME)R July 2021 WGH	40	The improvement plan included access to services, listening to feedback, staff training and some All Wales actions. At the point of collating this report there is **1 action open on AMAT** linked to an All Wales piece of work.
Welsh Ambulance Services NHS Trust Acute improvement plan	31	This Welsh Ambulance Service improvement plan dating from September 2021 includes recommendations that affect or impact and require action for Acute / Emergency services and departments. At the point of updating this report there are **4 actions are open on AMAT** for each site to progress, all actions are overdue.
Withybush General Hospital, St Caradog Ward	4	This improvement plan details recommendations in relation to Fire Safety and Health and Safety. There remains **2 actions open on AMAT at the point of collating this report that are overdue.**

All Wales Maternity and Neonatal Safety Support Programme (MatneoSSP) Report

- Released in July 2023
- Appreciative enquiry IHI Framework for Safe, Reliable and Effective Care
- 10 priority areas for improvement split between short, medium and long term timescales for delivery
- Both Local and National ownership for deliverables
- Local team benchmarking and gap analysis underway
- Bright spots and immediate short term plans for cost neutral deliverables being developed
- HB governance for the monitoring and assurance of improvement programme being finalised
- On the agenda item for discussion at the Directorate Quality and Experience Group.

HIW Additional Information & Themes and Trends

Progress of actions agreed following inspections and quality checks

As of end of July 2023 the current position is a total of 11 reports / inspections with 61 recommendations (actions) open. All these recommendations and actions continue to be tracked by the Quality Assurance and Safety Team (QAST) and all are uploaded to the AMAT system for services to manage and update direct. Support is provided to services for AMAT training and completion and the use of AMAT is encouraged. Those recommendations that have exceeded their due date are chased until completion.

Other correspondence received from HIW

- Healthcare Inspectorate Wales' (HIW) Insight Bulletin
- Request for assurance relating to the management of a service user under mental health section
- HIW Mental Health Annual Report 2021 – 2022
- Request for records for a deceased service user
- Request for historic statements from former staff members

Thematic review of HIW inspection actions

QAST have previously undertaken a review of all recommendations and actions arising through all Health Board HIW inspections which have been themed. This process will be updated and re-presented to Committee in due course.

Recently published

The Improving Together for Wales Maternity Neonatal Safety Support Programme Cymru was published in July 2023. The report is under review by the service at this time (see previous slide).

HIW Prince Philip Unannounced Inspection 26th June

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

An unannounced inspection took place 26th to 28th June. Certain Health Board staff were interviewed and service specific information such as risk assessments and service and patient records were requested to view.

HIW issued an Immediate Assurance letter which identified 23 recommendations related to “Whole Systems Approach” and “Standards”, a number are listed below:

“The environment is not appropriate for medical or surgical surge patients beyond the length of stay associated with MIU”.

“HIW was not assured that all aspects of care were being delivered in a timely and effective manner within the Minor Injury Unit (MIU) to medical and surgical patients in ‘surge’ beds. At the time of the inspection, the service was under immense pressure from multiple sources”

“We were not assured that there were robust care assessment and planning arrangements in place for medical and surgical surge patients”

Due to the risk for patient safety, there is an immediate need for the Health Board to provide additional assurance and any actions taken related to how surge patients on the MIU are cared for and managed, as well as the flow out of the MIU to other areas.

There is an immediate need for the Health Board, at the minimum, to implement a local SOP for MIU staff to follow in the event of patient presentations outside of their scope of practice.

The service have submitted 45 actions for completion to address these recommendations. Of the 45, 19 are already completed, 22 have future dates and 4 are due during July 2023.

Inspection and Peer Review activity

Risks and Mitigations

- All correspondence received by third parties such as the Welsh Government, the Delivery Unit or Health Inspectorate Wales in relation to their activity is logged on receipt by the Quality Assurance and Safety team (QAST).
- A robust process is in place for co-ordinating and quality checking responses, including gaining executive approval of all HIW submissions, by the required deadlines.
- Recommendations arising from HIW, et al, such as immediate assurance plans or final reports have been uploaded to the AMAT software. QAST also pursue services for updates in advance of any due date / in advance of future dates.
- The QAST team are supporting services to develop their improvement plans.
- The QAST team are providing updates for reporting to each Audit and Risk Assurance Committee (ARAC) meeting via the Audit and Risk team.
- HIW activity forms part of the quality governance arrangements within Directorates.

Welsh Health Circulars

- This section of the quality assurance report provides progress in relation to the implementation of Welsh Health Circulars (WHCs) under its remit. Included are the WHCs closed since February 2023, when WHCs were last reported to QSEC.
- The report also details the status of all outstanding WHCs by using a RAG system. WHCs are not always clear in terms of implementation timescales, a result of which previously these were reported as “Amber” (i.e. on schedule). The Assurance and Risk Team have been seeking updates from leads on these WHCs to determine the planned date for implementation by the Health Board where a specific date is not provided in the guidance itself.
- Since the previous report an additional RAG status of ‘external’ has been added to reflect those WHCs that is currently not in the UHB gift to implemented. 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.
- Currently the number of WHCs are as follows:
  - 20 WHCs closed (noted as green (completed) since the previous report;
  - 7 WHCs currently ‘amber’;
  - 11 WHCs currently ‘red’ (further detail can be found in these slides);
  - 1 WHC noted as ‘external’.

- Progress of WHCs is reported to the Senior Operational Business meetings, as well as being included in the new ‘Improving Together’ sessions.
- Attached in Appendix 3 is an update in respect of the ‘amber’, ‘red’ and ‘external’ WHCs that fall under the remit of QSEC. Copies of each WHC can be obtained via the Welsh Government website.

WHCs closed (implemented) since February 2023

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Director of Operations
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Director of Primary Care, Community and Long Term Care
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Director of Primary Care, Community and Long Term Care
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Director of Operations
022-21	Publication of the Quality and Safety Framework	17/09/2021	Director of Nursing, Quality and Safety Experience
002-22	NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23	15/06/2022	Director of Nursing, Quality and Safety Experience
006-22	Direct paramedic referral to same day emergency care: All Wales policy	21/04/2022	Director of Operations
018-22	Revised Guidelines for Managing Patients on the Suspected Cancer Pathway	30/06/2022	Director of Operations
029-22	Urgent polio catch-up programme for children under 5 years old (follow up)	22/11/2022	Director of Public Health
004-23	COVID-19 spring booster vaccination programme 2023	08/03/2023	Director of Public Health
006-23	Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020	31/03/2023	Director of Nursing, Quality and Patient Experience

WHCs closed (implemented) since February 2023 Continued

WHC No	Name of WHC	Date Issued	Lead Executive/ Director
007-23	Patient Testing Framework – Updated guidance	30/03/2023	Director of Therapies and Health Science
009-23	COVID-19 vaccination of children aged 6 months to 4 years in a clinical risk group	08/03/2023	Director of Public Health
010-23	Certification of Vision Impairment in Primary and Community Care	28/06/2023	Director of Primary Care, Community and Long Term Care
011-23	NICE Guidance on Self-harm: assessment, management and preventing recurrence	06/04/2023	Director of Public Health
013-23	Health and Care Quality Standards 2023 (replacing Health and Care Standards 2015 - WHC 2015/015)	02/05/2023	Director of Nursing, Quality and Patient Experience
015-23	COVID-19 Vaccination Observation Periods/ Vaccination following recovery from COVID-19	09/05/2023	Director of Therapies and Health Science
016-23	Letter to health professionals confirming changes to the HPV vaccination programme.	10/05/2023	Director of Public Health
017-23	NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management	10/05/2023	Director of Nursing, Quality and Patient Experience
023-23	National Influenza Vaccination Programme - 2023-24	22/06/2023	Director of Public Health

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Director of Operations	~~31/03/2023~~ Not provided	727 - Risk of recurrent fractures in patients aged 50 or over, affects all 4 Acute sites. Welsh Health Circular no 022-16	12

The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 727 on the Care of the Elderly (COTE) risk register. A revised implementation date will be provided by the service once £352,000 funding is secured.

As the IMTP submission was unsuccessful, an SBAR on the funding requirement is currently being prepared by the Value Based Health Care (VBHC) team who will be submitting to the Director of Finance via the Sustainable Resources Committee (SRC) for approval.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Director of Operations	Not provided	1457 - Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management Primary and Community Care Pathway	2

14 of the 17 actions in this WHC have been completed as of July 2023. Those that are outstanding can't be progressed due to funding issues. In order to close this WHC, a health board decision is needed regarding funding to introduce service. The Head of Audiology is maintaining an open line of dialogue with the School Nursing team, who currently provide school entry hearing screening in the community and maintain a low level of risk.

There has been no progress providing first point of contact Audiologists in community settings, though a Wax management service has now been implemented across the health board. The Head of Audiology is planning to increase engagement with Primary Care to progress with this WHC, however this has been delayed due to staff absence.

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	Datix risk reference	Current risk score
033-18	Airborne Isolation Room Requirements	25/07/2018	Director of Nursing, Quality and Patient Experience	Not provided	1640 - Airborne Isolation Room Requirements	15

This WHC requires that Negative Pressure Ventilation (NPV) suites should be sited on each hospital with a 24 hours Emergency Department (ED). There are two existing negative pressure suites within the UHB that have been upgraded to conform to NPV recommendations on Bronglais (Clinical Decisions Unit (CDU)) and Glangwili (Intensive Therapy Unit (ITU)) estates, however it is expected that the NPV suites should be cited within admission units.

The proposal for compliance is for an agreed respiratory pathway for the UHB to be sited in CDU GGH with full NPV suite, this needs to be accepted by WG as it does not fully align to the WHC requirements. Once accepted, the capital investment is to be explored.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
009-21	School Entry Hearing Screening pathway	25/03/2021	Director of Operations	Not provided	1456 - Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening	3

After an initial unsuccessful request for funding, an SBAR/Business Case for a IMTP bid was presented at Scheduled Care's Quality and Safety Experience governance meeting and taken forward to Operational Quality and Safety Experience Sub Committee (OpsQSE) in March 2023. OpsQSE noted that it is not within its remit to approve funding allocation, and the Head of Audiology undertook to discuss this further at the Improving Together Sessions with the Director of Operations and raise the funding requirements through the Operational Planning and Delivery Programme. An SBAR on the WHC was submitted for discussion at the directorate's Improving Together meeting in June 2023 which outlined preferred options on how the Health Board could progress this WHC. The Assurance and Risk team are awaiting feedback following this session.
Without a decision, no implementation date can be provided by 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	Datix risk reference	Current risk score
025-21	Carpal Tunnel Syndrome (CTS) Pathway	15/09/2021	Director of Primary Care, Community and Long Term Care	Not provided	TBC	N/A

Clinical lead for Trauma & Orthopaedics confirmed that Secondary Care are currently following the pathway.

The Primary Care pathway will be sent to all GMS practices shortly. Discussions taken place regarding adding the pathway to the Health Pathways platform and a webinar is being organised. Awaiting confirmation from Primary Care on timescale for when the WHC is to be implemented.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
004-22	Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/2022	Director of Operations	31/08/2023	1615 - Care of CYP with Continence problems	12

Risk 1615 (Care of Children and young people (CYP) with Continence problems) has been updated to reflect progress within the service and its current status (Rationale, Action plan and Score have been updated, with a Patient Safety Domain assigned to reflect potential long-term affects on patients). The Lead Nurse for Community Paediatrics is undertaking a scoping exercise with School Nursing, Health Visiting and Paediatricians to collate current provision of the service and identify where there are gaps that are preventing closure of this WHC. A further Action Plan based on the outcomes of this exercise is to be developed going forward.

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	Datix risk reference	Current risk score
021-22	National Optimal Pathways for Cancer (2022 update)	28/07/2022	Director of Operations	31/08/2023	1685 - Non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update)	9

Work continues to implement the actions in this WHC (mapping previous pathways to new and making these changes). There are 24 National Optimal Pathways (NOPs); 8 have already been mapped, 2 are underway and a plan is in place to map the others. (Reviews are currently being undertaken by the Macmillan Cancer Quality Improvement Manager along with the Wales Cancer Network Senior Project Manager and Senior Project Support Officer, both in post until April 2024).

In order 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 (CDB) in the future.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
028-22	More than just words Welsh language awareness course	10/11/2022	Director of Communications	~~June 2023~~ Not provided	1232 - Compliance with the Welsh Language Standards.	6

One action from the WG ‘More than just words plan’ is that all NHS and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. The Health Board’s current completion rate of the Welsh language awareness module on ESR as of July 2023 is 62.66%. The Health Board's criteria for compliance with mandatory training on ESR is 80% therefore this has been selected as the target for compliance with this WHC, after which it will be turned Green.

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	Datix risk reference	Current risk score
002-23	New Lower Gastrointestinal 'FIT' National Optimal Pathway	30/01/2023	Director of Operations	Not provided	TBC	TBC

The pathway for secondary care was completed in September 2020. The last update received on this WHC, received in February 2023, was that the service were aiming for a primary care pathway to be in place by April 2023. The Assurance and Risk team have been unable to obtain further progress updates on this WHC due to operational pressures and staff absence.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	UHB Implementation date	Datix risk reference	Current risk score
019-23	In support of prevention of suicide and self harm: GMC and NICE Guidance on information disclosure for the protection of patients and others.	09/06/2023	Director of Primary Care, Community and Long Term Care	TBC	TBC	TBC

Primary Care Directorate to confirm if this WHC has been communicated to GPs via the SSP cascade. The WHC will remain 'Red' until an implementation date is assigned, or confirmation received from the service that it has been implemented.

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	Datix risk reference	Current risk score
025-23	Guidelines for managing patients on the suspected cancer pathway	20/07/2023	Director of Operations	Not provided	TBC	TBC

An update on compliance/UHB implementation date of actions has recently been requested from the service. The WHC will remain 'Red' until an implementation date is assigned, or confirmation received from the service that it has been implemented.

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	Implementation date
017-19	Living with persistent pain in Wales guidance	07/05/2019	Director of Operations	01/01/2025
017-22	Wales rare diseases action plan 2022 to 2026	16/06/2022	Medical Director	31/12/2026
019-22	Non Specialised Paediatric Orthopaedic Services	21/06/2022	Director of Operations	01/04/2025
032-22	Further extending the use of Blueteq in secondary care	21/03/2023	Director of Primary Care, Community and Long Term Care	31/03/2024
001-23	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	12/01/2023	Director of Public Health	31/03/2024
003-23	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	04/03/2023	Director of Operations	01/03/2024
024-23	Changes to the Shingles Vaccination Programme from September 2023	28/06/2023	Director of Public Health	01/09/2023

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

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

Implementation of Ministerial Directions (MDs)

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

The following RAG status is applied to MDs:

- Green = completed,
- Amber = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer (if a timescale is not provided within the WHC),
- Red = behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.

Progress of MDs is reported to the Senior Operational Business meetings, as well as being included in the new 'Improving Together' sessions.

There are 3 MDs under the remit of QSEC noted as 'amber', as noted in the table below. Appendix 3 provides detail in respect of the progress of these 'amber' MDs.

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

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 pressure damage
- Nationally reported patient safety incidents
- Duty of Candour
- Infection control
- Hand hygiene
- The nosocomial COVID-19 review programme
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Welsh Health Circulars and Ministerial Directions

Appendix 1: COVID Learning identified
(reported January 2023)

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

Good practice

- Timely DNACPR decisions with rationale and discussions documented
- Ceilings of care being agreed and documented
- Regular medical reviews (well documented)
- Use of technology for communication between patient and family
- Documentation of bed location and rationale for moving patients
- Family members visits being facilitated when end of life
- Documentation of PPE usage when patient being visited by relatives

(Note – the above is not consistent across wards and sites)

Areas for Improvement

- Medically fit for discharge patients becoming COVID positive whilst waiting for package of care or nursing home placement
- Increase the use of technology for communication between patient and family when visiting restricted
- Documentation of bed location and rationale for moving patients
- Symptomatic patients – reliance on one diagnosis rather than potential differential of COVID

Appendix 2: COVID Learning identified
(reported to QSEC February 2022)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Areas for improvement

- Timely discussions regarding ceilings of care (sometimes more than 5 days after COVID-19 positive test)
- Documentation that video call / contact with family has happened
- Timely communication from community to hospital e.g. care home closed due to outbreak, ward informed 3 days after care home closed

Good practice

- Ceiling of care discussion with patient and family documented
- DNACPR discussions with patient and family documented
- Initiation of end of life pathway where appropriate
- Regular COVID-19 testing following any symptoms

Observations from outbreak reviews

- We may be unable to categorically answer how patients became nosocomial COVID-19 positive e.g. staff contact / other patient contact / visitor contact

Early wave 3 outbreaks observation

- It would appear that outbreaks are being contained to bays or parts of wards rather than the whole ward being affected

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

The Duty of **Candour**

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date	Datix risk reference	Additional resources required
2016	Principles, Framework and National Indicators: Adult In-Patient Falls	principles-framework-and-national-indicators-adult-in-patient-falls.pdf (gov.wales)	06/04/2016	Compliance	Chief Nursing Officer/Acting Chief Medical Officer Letter	• Note and action requirements throughout this WHC • Chief Executives to respond to the reporting cycle set out in Principles, Framework and National Indicators: Adult In-Patient Falls document • Identify an executive and clinical lead accountable for in-patient safety in relation to falls and falls prevention • Identify and inform Welsh Government of the health board/trust forum responsible for ensuring the requirements of this WHC are implemented • Health boards and trusts should send details of falls leads and falls fora to MajorHealthConditions@wales.gsi.gov.uk no later than 31 May 2016.	Director of Operations	Bethan Andrews	N/A	Not provided	Not provided	Red	Welsh Government have stated that all health boards must have a Fracture liaison service. The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 727 on the Care of the Elderly (COTE) risk register. A revised implementation date will be provided by the service once £352,000 funding is secured. As the IMTP submission was unsuccessful, an SBAR on the funding requirement is currently being prepared by the Value Based Health Care (VBHC) team who will be submitting to the Director of Finance via the Sustainable Resources Committee (SRC) for approval.	~~31/03/2023~~ Not provided	727 - Risk of recurrent fractures in patients aged 50 or over, affects all 4 Acute sites: Welsh Health Circular no 022-16-risk score 12	£352,000
2018	Framework of Action for Wales, 2017-2020	Not available online	01/02/2018	Action	Policy	Integrated framework of care and support for people who are deaf or living with hearing loss.	Director of Operations	Caroline Lewis	2020	Not provided	Ongoing	Red	14 of the 17 actions in this WHC have been completed as of July 2023. Those that are outstanding can't be progressed due to funding issues. In order to close this WHC, a health board decision is needed regarding funding to introduce service. The Head of Audiology is maintaining an open line of dialogue with the School Nursing team, who currently provide school entry hearing screening in the community and maintain a low level of risk. There has been no progress providing first point of contact Audiologists in community settings, though a Wax management service has now been implemented across the health board. The Head of Audiology is planning to increase engagement with Primary Care to progress with this WHC. This has been delayed due to staff absence.	Not provided	1457 - Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management Primary and Community Care Pathway (Current risk score 2)	Funding
2018	Phase 2 – primary care quality and delivery measures	https://gov.wales/primary-care-quality-and-delivery-measures-whc2018026	16/07/2018	Action/Information	Performance/Delivery	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Ongoing	Not provided	Ongoing	External	Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established. Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work was suspended due to COVID-19. Assistant Director of Primary Care confirmed the position remains unchanged in that there has been no progress nationally on the implementation of the Phase 2 measures. Assistant Director of Primary Care also confirmed there is no risk associated with this WHC. WHC changed from 'red' to 'external' RAG status as it is reliant on national work.	N/K- reliant on progress of national work	No risk associated with this WHC	Not known
2018	Airborne Isolation Room Requirements	Airborne Isolation Room Requirements	25/07/2018	Compliance	Quality and Safety	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Jul-19	Not provided	Not provided	Red	This WHC requires that Negative Pressure Ventilation (NPV) suites should be sited on each hospital with a 24 hours Emergency Department (ED). There are two existing negative pressure suites within the UHB that have been upgraded to conform to NPV recommendations on Bronglais (CDU) and Glangwili (ITU) estates, however it is expected that the NPV suites should be cited within admission units. The proposal for compliance is for an agreed respiratory pathway for the UHB to be sited in CDU GGH with full NPV suite, this needs to be accepted by WG as it does not fully align to the WHC requirements. Once accepted, the capital investment is to be explored.	Not provided	1640-Airborne Isolation Room Requirements- Current risk score 15	Capital Investment to be explored following proposal accepted by Welsh Government.

Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date	Datix risk reference	Additional resources required
2019	Living with persistent pain in Wales guidance	welsh-health-circular-living-with-persistent-pain-in-wales-guidance.pdf (gov.wales)	07/05/2019	Information/Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Operations	Lydia Davies	Apr-22	Not provided	Not provided	Amber	A service review day is scheduled for 14th June 2023 to discuss potential pathway changes to the medical pain service and the service continue to work closely with the Assurance and Risk Team to update the UHB's Welsh Health Circular tracker.	31/01/2025	No Risk	Not known
2021	School Entry Hearing Screening pathway	https://gov.wales/sites/default/files/publications/2021-04/school-entry-hearing-screening-pathway_0.pdf	25/03/2021	Action	Policy	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.	Director of Operations	Jane Deans	Sep-22	Health Boards	Immediately	Red	After an initial unsuccessful request for funding, an SBAR/Business Case for a IMTP bid was presented at Scheduled Care's Quality and Safety Experience governance meeting and taken forward to Operational Quality and Safety Experience Sub Committee (OpsQSE) in March 2023. OpsQSE noted that it is not within its remit to approve funding allocation, and the Head of Audiology undertook to discuss this further at the Improving Together Sessions with the Director of Operations and raise the funding requirements through the Operational Planning and Delivery Programme. An SBAR on the WHC was submitted for discussion at the directorate's Improving Together meeting in June 2023 which outlined preferred options on how the Health Board could progress this WHC. The Assurance and Risk team are awaiting feedback following this session. Without a decision, no implementation date can be provided by the service.	~~Dec-22~~ N/K	1456 -Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening (Current risk score 3)	Not known
2021	Carpal Tunnel Syndrome Pathway	all-wales-carpal-tunnel-syndrome-pathway.pdf (gov.wales)	15/09/2021	Action	Policy	Guidance for health boards and trusts on a standardised pathway for the management of carpal tunnel syndrome.	Director of Primary Care, Community and Long Term Care	Secondary Care elements: Owain Ennis Primary Care elements: Phil	12 Months	Not provided	01/11/2021	Red	Clinical lead for Trauma & Orthopaedics confirmed that Secondary Care are currently following the pathway. The Primary Care pathway will be sent to all GMS practices shortly. Discussions taken place regarding adding the pathway to the Health Pathways platform and a webinar is being organised. Awaiting confirmation from Primary Care on timescale for when the WHC is to be implemented.	Not provided	TBC	N/A
2022	Guidance for the provision of continence containment products for children and young people: a consensus document	guidance-for-the-care-of-children-and-young-people-with-continence-problems.pdf (gov.wales)	21/10/2022	Action	Quality and Safety	Consensus guidance document regarding the provision of continence containment products to children and young people, to ensure all children and young people who have not toilet trained, or have urinary or faecal incontinence, undergo a comprehensive assessment and have access to an equitable service	Director of Operations	Tracey Brucknell	Aug-25	LHB Directors of Nursing	31/10/2022	Red	Risk 1615 has been updated to reflect progress within the service and its current status (Rationale, Action plan and Score have been updated, with a Patient Safety Domain assigned to reflect potential long-term affects on patients). The Lead Nurse for Community Paediatrics is undertaking a scoping exercise with School Nursing, Health Visiting and Paediatricians to collate current provision of the service and identify where there are gaps that are preventing closure of this WHC. A further Action Plan based on the outcomes of this exercise is to be developed going forward.	~~31/07/2023~~ 31/08/2023	1615 - Care of CYP with Continence problems (Current score 12)	Finance
2022	Wales rare diseases action plan 2022 to 2026	https://gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022%E2%80%932026-whc-2022-017_3.pdf	16/06/2022	Action/Information	Policy	To work with Welsh Health Specialised Services Committee (WHSSC), Rare Disease Implementation Group (RDIG), third sector and other relevant organisations to facilitate and implement the priorities and actions outlined in the Wales Rare Disease Action Plan.	Medical Director	Dr Alice Setti	Dec-26	All Health Boards, HEIW, WHSS	Ongoing	Amber	Positive progress was made in 2022/23 by a clinician employed within the Health Board who had an interest in rare diseases and was leading the implementation of the Wales Rare Diseases Action Plan by providing feedback from the quarterly Rare Disease Implementation Group meetings and creating a template on behalf of the Health Board, gathering information from all organisations involved on matters relating to actions within the plan and monitoring progress. In June 2023, this clinician left the Health Board and an alternative lead is currently being sought by the Head of Effective Clinical Practice who has emailed an Expression of Interest to all Doctors.	31/12/2026	N/A	N/A
2022	Non Specialised Paediatric Orthopaedic Services	https://gov.wales/sites/default/files/publications/2022-07/non-specialised-paediatric-orthopaedic-services.pdf	21/06/2022	Action	Quality and Safety / Information Governance / Performance / Delivery / Public Health / Policy	To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.	Director of Operations	Lydia Davies	01/04/25	All health boards	01/04/2025	Amber	At the Scheduled Care Improving Together session in June 2023 the service confirmed they are awaiting further feedback and information from WHSSC (Welsh Health Specialised Services Committee).	01/04/2025	No Risk	Not known

Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date	Datix risk reference	Additional resources required
2022	National Optimal Pathways for Cancer (2022 update)	https://gov.wales/sites/default/files/publications/2022-07/national-optimal-pathways-for-cancer-2022-update.pdf	28/07/2022	Action	Quality and Safety	Setting out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer.	Director of Operations	Debra Benett	N/A	Local Health Boards NHS Trusts	30/09/2022	Red	Work continues to implement the actions in this WHC (mapping previous pathways to new and making these changes). There are 24 National Optimal Pathways (NOPs); 8 have already been mapped, 2 are underway and a plan is in place to map the others. (Reviews are currently being undertaken by the Macmillan Cancer Quality Improvement Manager along with the Wales Cancer Network Senior Project Manager and Senior Project Support Officer, both in post until April 2024). In order 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 (CDB) in the future.	31/08/2023	1685 - Non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update)	£3mil+ required (for diagnostic 7 day turnaround element)
2022	More than just words Welsh language awareness course	Not available online	10/11/2022	Action	Workforce	Plan to strengthen Welsh language services in health and social care. At its core is the Active Offer principle which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them.	Director of Communications	Enfys Williams/Michelle Jam	N/A	All health boards	Immediate	Red	One action from the WG 'More than just words plan' is that all NHS and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. The Health Board's current completion rate of the Welsh language awareness module on ESR as of July 2023 is 62.66%. The Health Board's criteria for compliance with mandatory training on ESR is 80% therefore this has been selected as the target for compliance with this WHC, after which it will be turned Green.	~~Jun-23~~ N/K	1232	Not known
2022	Further extending the use of Blueteq in secondary care	https://www.gov.wales/sites/default/files/publications/2023-03/further-extending-the-use-of-blueteq-in-secondary-care.pdf	21/03/2023	Action	Health Professional Letter	Guidance regarding the Implementation of the high-cost drugs reporting system.	Director of Primary Care, Community and Long Term Care	Chris Brown	Apr-24	Medical Directors, Finance Directors, Chief Pharmacists, Local Health Boards	01/04/2023	Amber	Implementation will be staged and in accordance with priorities set out by the national steering group. The initial phase will include medicines recommended for use by National Institute for Health and Care Excellence (NICE) and All Wales Medicines Strategy Group (AWMSG). Nationally the roll out of Blueteq will be managed by the All Wales Blueteq Steering Group with management support from All Wales Therapeutics & Toxicology Centre on behalf of the WG. It is a phased roll-out from 01/04/2023, which WG will review from 01/04/2024. The pace of rollout out will be determined by national and local implementation issues. The UHB is aiming to implement and adopt all available (first phase) drug profiles by 01/04/2024, however the UHB may need to adopt more profiles (back logged) if they are created after this date. UHB has representation on the Blueteq Steering Group with national drug approval templates being developed on a Once for Wales approach. Betsi Cadwaladr UHB have begun as the pilot implementation site. UHB Pharmacy has • Met with Specialist Clinical Pharmacists & Homecare pharmacist to discuss the system and the implications of implementation. • Demonstrated the system to small group of interested clinicians • Appointed a Lead Medicines Governance Technician to support Blueteq implementation UHB is to identify a Finance, Medical and Pharmacy Lead, as well as engage IT of the implementation of the web-based system and explore the potential for communication with current IT systems used within the UHB.	30/04/2024	N/A	N/A
2023	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24	https://www.gov.wales/sites/default/files/publications/2023-01/WHC%20-%20Eliminating%20Hepatitis%20B%20and%20C%20as%20a%20public%20health%20concern%20in%20Wales%20-%20Actions%20for%2022_23%20and%2023_24.doc%20%28002%29.pdf	12/01/2023	Action	public Health	This update serves to refresh our commitment to eliminate hepatitis B and C and outlines key actions required by health boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24	Director of Public Health	Joanna Dainton / Megan Harris	A further circular will be issued in 202	Health Board Chief Executives Health Board Medical Directors	31/03/2024	Amber	The Deputy Director of Public Health has met with relevant colleagues/consultants from Public Health, and clinical operational elements, to co-ordinate the UHB plan of implementation. The Hepatitis B & C action plan is in progress, with decisions to be made on how this is communicated internally. The deadline is currently 31/07/2023, however the new Director of Public Health will raise this WHC nationally to establish if this is achievable, or if an extension is required.	31/03/2024 (in line with date stipulated in WHC)	N/A	N/A

Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Progress update	UHB implementation date	Datix risk reference	Additional resources required
2023	New Lower Gastrointestinal 'FIT' National Optimal Pathway	https://www.gov.wales/sites/default/files/publications/2023-01/new-lower-gastrointestinal-fit-national-optimal-pathway.pdf	30/01/2023	Action	Quality and Safety	Health boards and trusts should move to adopt the updated Lower Gastrointestinal 'FIT' National Optimal Pathway (link provided in WHC)	Director of Operations	Debra Bennett/Caroline Lewis	N/A	Health Board Chief Executives and Directors of Primary Care.	21/04/2023	Red	The pathway for secondary care was completed in September 2020. The last update received on this WHC, received in February 2023, was that the service were aiming for a primary care pathway to be in place by April 2023. The Assurance and Risk Team have been unable to obtain further progress updates on this WHC due to a combination of staff absence and operational pressures.	~~Apr-23~~ N/K	TBC	TBC
2023	Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	https://www.gov.wales/early-developmental-impairment-or-intellectual-disability-whc202303-html	04/03/2023	Action	Quality & Safety	A clinical guideline for the investigation of moderate or severe early developmental impairment or intellectual disability.	Director of Operations	Tracey Bucknell	May-25	All Health Boards	01/04/2023	Amber	Consultant feedback received (with further input from Health Visitors and School Nurses) that suggests that these recommendations are being followed. A conclusion to the preliminary scoping should be completed by August 2023. The outcome will be reported by the SDM at the Directorate's next Improving Together session. A UHB implementation date of March 2024 has been set by the service. A decision as to whether a risk is required around this WHC will be made following the scoping in August 2023.	31/03/2024	Risk being considered	Not at this time
2023	In support of prevention of suicide and self harm: GMC and NICE Guidance on information disclosure for the protection of patients and others.	https://www.gov.wales/sites/default/files/publications/2023-06/in-support-of-prevention-of-suicide-and-self-harm.pdf	09/06/2023	Information	Public Health	GMC and NICE Guidance on information disclosure for the protection of patients and others.	Director of Primary Care, Community and Long Term Care	Tracey Huggins	N/A	Chief Executives, LHBs GP Surgeries	Immediate	Red	Primary Care Directorate to confirm if this WHC has been communicated to GPs via the SSP cascade.	TBC	TBC	TBC
2023	Changes to the Shingles Vaccination Programme from September 2023	WN (Year) Number (gov.wales)	28/06/2023	Compliance/Action/Information	Public Health	Providing information about forthcoming changes to the NHS Wales shingles vaccination programme.	Director of Public Health	Bethan Lewis	N/A	Immunisation Leads/Coordinators,	Not provided	Amber	Interim Assistant Director of Public Health is scheduling a meeting for July 2023 to examine Primary care plans alongside other deliverables over autumn / winter 2023 period. There are no concerns with regards to achieving this WHC by September 2023.	30/09/2023	N/A	N/A
2023	Guidelines for managing patients on the suspected cancer pathway	https://www.gov.wales/sites/default/files/publications/2023-07/guidelines-for-managing-patients-on-the-suspected-cancer-pathway.pdf	20/07/2023	Compliance/Action/Information	Information Governance / Performace / Delivery	Guidelines for managing patients on the suspected cancer pathway and how to report against targets.	Director of Operations	TBC	N/A	Chief Executives Chief Operating Officers	Immediate	Red	An update on compliance/UHB implementation date of actions has been requested from the service. The WHC will remain 'Red' until an implementation date is assigned.	TBC	TBC	TBC