

Hywel Dda Tuberculosis (TB) External Review Findings **Draft DETAILED ACTION PLAN**

The Board will establish a TB External Review Findings Oversight Group to address each recommendation made in the External Review Report.

| Recommendation | Specific actions required | Owner | Deadline |
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| 1. The outbreak has not yet concluded and the high level of latent TB infection in the population implies further risk. This risk is heightened because the active disease in this population is predominantly pulmonary and therefore more infectious. Although the level of active TB infection is low in West Wales, delayed presentation in unrecognised cases may lead to further outbreaks and deaths. | 1.1 Health board communications team to work with Public Health Wales (PHW) communications team to identify opportunities to raise awareness of TB signs and symptoms with the local population; for example, social media campaign to coincide with World TB Day (24 March), reference to high levels of latent TB in local population in communications around any emerging TB incidents or outbreaks in the area, posters with warning and informing advice for display in public areas of health board premises (GP surgeries, A&E departments etc). Communication plans must take note of the stigma still associated with a diagnosis of TB and be designed accordingly. | PHW/ Communications (Coms) | June 2023 |
| | 1.2 Health board communications team to work with PHW communications team to develop a communications plan for controlling the ongoing outbreak | PHW/ Comms | November 2023 |
| | 1.3 Communication from the Director of Public Health (DPH), working with local PHW health protection team, to local GPs, A&E departments and Out of Hours (OOH) services. To advise of high levels of latent TB in local population and to remind services that outbreak is ongoing, raising | | October 2023 |

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| <p>The level of awareness amongst the public and their health care professionals must be therefore increased and maintained. This also applies to trainee health professionals.</p> | <p>awareness of signs and symptoms and requesting that investigation of TB is considered in individuals presenting with symptoms who may not normally be considered to be at risk due to demographic profile.</p> | <p>DPH/ PHW</p> | |
| <p>2. Any future outbreaks should be overseen by PHW from the outset with a TB -specific standard operating procedure (SOP) for the conduct and recording of outbreak management. The current SOP and Outbreak Control (OC) policy needs to be updated in this respect. The latter needs to be developed alongside modern data analysis and whole genome sequencing) WGS typing so that outbreaks are identified and contained. Comprehensive contact networks of all cases should be recorded electronically and plotted with social</p> | <p>2.1 Involvement of PHW in Oversight Group.</p> <p>2.2 Identification of all relevant documents to be used in the event of TB incidents and outbreaks (e.g. standard operating procedure, communicable disease outbreak plan for Wales) and review of these documents in light of the report findings. Roles and responsibilities – particularly the need for PHW to lead new outbreaks from the outset - need to be agreed and made explicit in all relevant documents. The process to be followed in the event of an outbreak – from when an outbreak should be declared, to how the effectiveness of control measures should be monitored, to under which circumstances an outbreak can be declared over – should be explicit.</p> <p>2.3 Relevant documents must also be adapted to ensure they reflect modern data analysis techniques and the availability of whole genome sequencing typing, so that outbreaks are identified early.</p> <p>2.4 Comprehensive contact networks of all cases should be recorded electronically and plotted with social network analyses undertaken to ensure links between cases are uncovered quickly and easily and that contact tracing can be undertaken both backwards to identify possible sources of infection, and forwards to identify who may require intervention. Outcomes of contacts should be clearly recorded and a process should be in place for following up those who do not respond when asked to attend for screening.</p> | <p>Oversight Group Chair</p> | <p>March 2023</p> |
| | | <p>PHW</p> | <p>June 2023</p> |
| | | <p>PHW/ TB Service</p> | <p>June 2023</p> |
| | | <p>PHW/ TB Service</p> | <p>June 2023</p> |

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| network analyses undertaken to ensure links between cases are uncovered quickly and easily | Contact tracing needs to be systematic, with clear processes to be followed for every contact, and all interactions with all contacts to be recorded. | | |
| 3. Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion. | 3.1 Funding should be identifiable ahead of time for outbreaks of TB so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion. It should be clear how this funding can be utilised without further permissions needing to be sought – for example allowing staff to take the initiative to procure screening tests, additional staffing resource, etc – and how it can be accessed at short notice if required. | Service Delivery Manager/ Finance/ TB Clinical Lead | September 2023 |
| 4. The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement. Succession planning for the TB Specialist Nurse also needs to be clear | 4.1 Board has previously received an SBAR from the DPH setting out the additional resource needed to ensure that the local TB service can both manage the day-to-day caseload plus the response to outbreaks, and other demands such as screening of refugees. The Oversight Group should review this document and put plans in place to secure the additional consultant, specialist nursing, pharmacy and administrative support identified as being required to ensure a safe, sustainable and resilient service. | Service Delivery Manager / TB Clinical Lead | August 2023 |
| | 4.2 Contingency plans and procedures to be put in place so that it is clear how the TB service will continue to deliver both its expected work and any incident response required, in the event that team members are absent due to annual leave, sickness and study leave. Delays in treatment cannot be an option. | Service Delivery Manager / TB Clinical Lead | August 2023 |
| | 4.3 Clear succession planning to be in place for the TB Specialist Nurse post. | Service Delivery Manager / TB Clinical Lead | August 2023 |

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| 5. At a national level, the Cohort Review Programme needs to be supported with adequate funding for each contributing health board | 5.1 Oversight group to make representations to PHW and Welsh Government to establish a task and finish group to agree an adequate funding model so that the cohort review programme can continue on a formal, sustainable basis. Planning should include health board representation so that local issues and outbreaks are taken into account. | PHW/ WG | August 2023 |
| 6. Welsh Government should support both the Cohort Review Programme and the proposal for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis (e.g. investigating cough lasting longer than three weeks). | 6.1 Oversight group to make representations to Welsh Government for support and funding for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis. | WG/ PHW | August 2023 |
| | 6.2 Oversight group to recommend to Welsh Government that introduction of new pathway should be accompanied by public-facing communications to ensure that individuals are aware of the risk of TB and seek medical advice appropriately. | WG/ PHW | August 2023 |
| 7. Wales does not seem to be properly prepared for the challenges of new migrants, refugees, and the occurrence of future drug resistance. These factors should be | 7.1 Oversight group to make representations to Welsh Government for development, and funding of, a national TB strategy as there is not one currently in place. This should cross-reference all other relevant documents – such as the SOP and outbreak control plan and should formalise the current, informal Cohort Review process run by the Respiratory Delivery Group. It must also include detail of the screening and support that will be available to new migrants and refugees arriving in Wales from higher prevalence countries, and the response to future cases of multi-drug resistant TB. Roles and responsibilities, and sources of funding, should be clarified so | WG/ PHW/ DPH/ TB Clinical Lead | November 2023 |

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| included in a future TB plan supported and funded by Welsh Government. | <p>that the local TB service is able to respond rapidly in the event of an emerging international incident.</p> <p>7.2 In the shorter term, oversight group to consider evaluation report showing uptake of TB screening in Ukrainian refugees arriving in the Hywel Dda area during 2022 (to be developed by specialty registrar by end of March 2023) and agree local actions to respond to identified issues and barriers.</p> | DPH/ TB Clinical Lead | September 2023 |
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