



Quality and Safety Assurance Report

QSEC Meeting February 2022

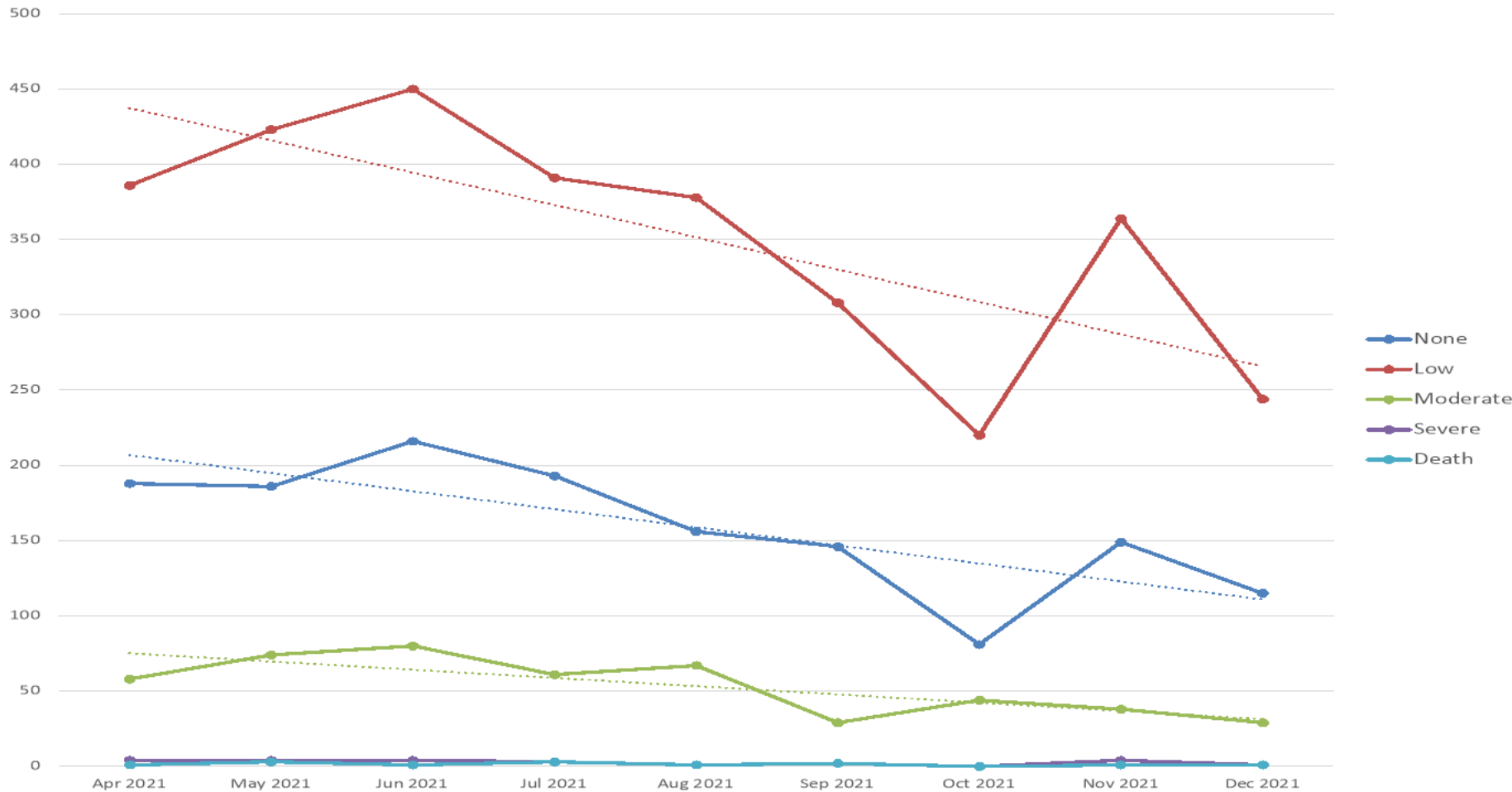
Situation

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.

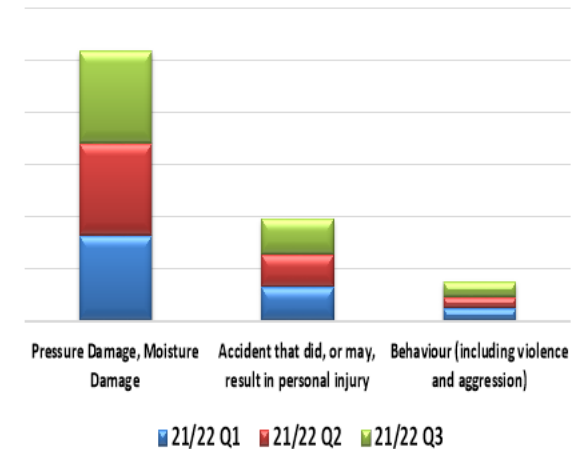
This report provides information on improvement work linked to previous learning from patient safety incidents, externally reported patient safety incidents, Welsh Health Circulars (WHC), and external inspections, for example Healthcare Inspectorate Wales (HIW).

Incident Reporting – 1st April to 31st December 2021



In November and December 2021, 3,135 incidents were reported of which 2,688 were patient safety related.

Top 3 Patient Safety Incidents



The introduction of DatixCymru in April 2021 has altered the way in which severity of harm is reported. The new system allows the opportunity for the reporter to grade the harm to the person affected (which cannot be changed) and then on closure following investigation the actual harm to the person affected is recorded by the investigator.

There were 10,813 Patient Safety Incidents reported on the new system between 1st April and 31st December 2021. Of the 10,813, 5490 have been closed and 2496 have had the severity amended. 655 incidents were downgraded whilst 1841 were upgraded.

Acute Kidney Injury

- There is no formal Acute Kidney Injury (AKI) monitoring/data capture in Welsh Health Boards
- The improvement of AKI alerts is complex and a significant project has been in place in Withybush General Hospital (WGH) for a number of years. The project has seen development and monitoring of an AKI bundle in practice. However, the bundle did not improve the management of AKI generally. The project reported into a WGH AKI working group chaired by the WGH Clinical Director.
- It has been agreed via the Health Boards Rapid Response to Acute Illness Learning (RRAIL) meeting that AKI numbers will be monitored monthly by the Quality Improvement (QI) team. An AKI dashboard has been created and is populated weekly. This data will be presented to each local monthly Governance meeting. Abnormalities / areas of concern will be identified and investigated, with actions discussed with the clinical teams. An action plan will be agreed and monitored through the same governance meetings.
- This monitoring will provide assurance that timely identification is in place for AKI alerts in Hywel Dda with a robust investigation, action and learning to follow if needed.

Nationally Reportable Incidents

Patient Safety Incidents

Between 1st November and 23rd January 2022, 6 reportable incidents were reported to the Delivery Unit.

	Q1*	Q2	Q3	Q4
Assessment, Investigation, Diagnosis				1
Behaviour (incl self harm / self injurious behaviour)			1	2
Infection Prevention and Control			1	
Maternity adverse occurrence	1			
Medication, IV Fluids				1
Patient/service user death				2
Transfer, Discharge				1
Treatment, procedure			1	

* temporary change to reporting. Revised Serious Incident Framework introduced on 14/06/2021

Risk and Mitigations

Scrutiny of all incidents reported undertaken by the Quality Assurance Information System (QAIS) Team on a daily basis. This ensures that any incidents that may be low harm but that meet the requirement to report nationally are identified e.g. Never Events.

Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the QAIS Team are reviewed by the Patient Safety Team. An Incident Management Group is arranged with the Triumvirate to:

- Review and consider the findings of the initial scrutiny of the incident
- Identify any immediate actions required to mitigate the risk of re-occurrence
- Confirm Duty of Candour arrangements have been made and agree the lead for further Duty of Candour discussions
- Set the Terms of Reference (ToR) for the investigation
- Agree the lead Investigator and supporting investigation team
- Identify any risks associated with the incident
- Lay out arrangements for any further investigation team meetings
- Confirm timescales for the investigation (this will be between 30 and 60 working days)

Report of themes and trends in reporting provided to Head of Quality and Governance, Assistant Director of Nursing and Associate Medical Director.

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 at Directorate Quality and Safety meetings.

Quality Panels with the Clinical Executives

The Clinical Executive Directors continue to hold quality panels when required. Quality panels are the opportunity for the Directors, Directorate Triumvirate Teams and Service Management Teams to explore quality governance issues.

In 2021/22, the following Quality Panels have been held:

- Obstetrics and neonatal services
- Nosocomial COVID – update on the progress of the Health Board reviews
- Theatres
- Primary Care (General Practice)
- Health visiting
- Urology

Healthcare Inspectorate Wales (HIW) Quality Checks/Inspections: Summary

16 November 2021 – 11 January 2022

New Quality Checks/Inspections

Area of Review	Recommendations	Update
Ward 7, Prince Philip Hospital	5	An on-site inspection was undertaken on 1 st and 2 nd November 2021. 5 recommendations were raised on delivery of safe and effective care and quality of management and leadership. The responses have been submitted to HIW by the Health Board, with a view that all recommendations will be completed by February 2022.

Update on previous Quality Checks/Inspections

Area of Review	Recommendations	Update
Tregaron Community Hospital	29	An on-site inspection was undertaken on in September 2021, with the final report published in December 2021. 29 recommendations raised on matters including patient experience, delivery of safe and effective care and quality of management and leadership. HIW have accepted the responses provided by the Health Board to the recommendations raised, with a view that all recommendations will be completed by September 2022.
Learning Disability and Inspection	9 Immediate Recommendations 5 Recommendations from main report	The Quality Check was held in November 2021, with an immediate assurance plan issued containing 9 recommendations and a further 5 from the main report on matters relating to the physical environment and governance. The responses have been submitted to HIW by the Health Board, with a view that all recommendations will be completed by March 2022.
St Caradog Ward, Withybush General Hospital	2	The Quality Check was held in August 2021, with 2 recommendations raised relating to addressing issues identified within the fire safety reports and point of ligature risk assessments, and to produce an action plan to address issues raised within the IPC audit. A progress update has been submitted to HIW in November 2021 regarding the recommendations raised and are expected to be actioned in full by June 2022. HIW requested a response regarding what control measures we have in place to mitigate the risks identified in the ligature and fire risk assessments whilst works are being undertaken, and have subsequently confirmed they are satisfied with the Health Board's response.
Llandovery Hospital	N/A	The Quality Check was scheduled for June 2021, but was postponed by HIW. The workspace on objective connect has now been closed for this inspection.

HIW Quality Checks: Additional Activity

Further Inspections

National Reviews

The Health Board has been invited to partake in the National Review of Patient Flow in relation to the Stroke Pathway, the aim of which is to assess the impact that patient flow challenges may have on the quality and safety of patients awaiting assessment, receiving treatment, through to discharge from hospital services. The Health Board is currently completing a self-assessment relating to this review, and has also been asked to provide the current position against the recommendations made in HIW's 2018 thematic review of Patient Discharge from Hospital to General Practice.

HIW Activity Update

The Health Board received an activity update from HIW in December 2021, which stated that due to winter pressures and the increasing rates of COVID-19 (particular reference being made to the Omicron variant), all routine NHS onsite inspection work for the rest of December 2021 and January 2022 were being cancelled. However HIW will still undertake on-site inspection work where they consider there to be a high risk to patient safety. The HIW Activity Update can be accessed via the following link: [HIW Activity Update | Healthcare Inspectorate Wales](#)

Implementation of Welsh Health Circulars (WHCs)

- This report provides QSEC with progress in relation to the implementation of WHCs which come under its remit. The Committee is asked to gain assurance from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.
- The report includes the WHCs closed since August 2021, 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 QSEC.

WHCs closed (implemented) since August 2021

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Director of Nursing, Quality and Patient Experience
024-19	Pertussis – occupational vaccination of healthcare workers	30/07/2019	Director of Public Health
005-20	Recording of Dementia Read Codes	30/09/2020	Director of Therapies & Health Science

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

Short Life Working Group (SLWG) established and all options being considered with clinical input and neighbouring Health Board.

Agreement to draft options appraisal for discussion at Executive Team and QSEC prior to progressing feasibility study and costing of remedial action and submission to Capital Estates and IM&T Sub-Committee.

SLWG to meet again end of July 2022 to progress options appraisal.

Attendance at CEIM&TSC re isolation pods capital bid as a potential interim solution.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Director of Nursing, Quality and Patient Experience

The All Wales Adult In-Patient Assessment and six nationally approved risk assessments mandated by WHC 2019 have been fully implemented across all Adult In-Patient Care settings.

The only site still using the documents in paper form is Glangwili General Hospital (GGH); the implementation for digital Welsh Nursing Care Record (WNCR) in GGH is planned for March 2022.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Director of Primary Care, Community and Long Term Care

An SBAR for Ear Wax Services has been shared with Primary Care Directors in September 2021, requesting equipment and salaries using existing staff, which is still being considered.

All 3 County Directors to action and report on progress for a service in their respective County Plans.

Pilot in Ceredigion has completed; County Director is looking to recruit a Band 7 nurse and Health Care Support Worker to implement the pilot across Ceredigion. Pembrokeshire is considering a similar model, using a lower grade nurse.

Director of Primary Care, Community and Long Term Care has provided an update to Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP; awaiting decision.

16 Audiology staff trained in micro suction to provide service to existing Audiology patients.

Heads of Service are in discussion with Head of School Nursing re: school entry hearing screen service.

WHCs which have not been implemented but are on schedule or have no compliance date stated on WHC (Amber RAG status)- 2 of 2 slides

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
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.
018-20	Last Person Standing	01/10/2020	Director of Primary Care, Community and Long Term Care
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 which have not been implemented but are on schedule or have no compliance date stated on WHC (Amber RAG status)- 2 of 2 slides

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
009-21	School Entry Hearing Screening pathway	25/03/2021	Director of Public Health
019-21	The National Influenza Immunisation Programme 2021-22	04/08/2021	Director of Public Health
022-21	Publication of the Quality and Safety Framework	17/09/2021	Director of Nursing, Quality and Safety Experience
025-21	Carpal Tunnel Syndrome Pathway	15/09/2021	Director of Operations
026-21	Overseas Visitors' Eligibility To Receive Free Primary Care	06/10/2021	Director of Primary Care, Community and Long Term Care
027-21	NHS WALES BLOOD HEALTH PLAN	27/09/2021	Director of Operations
028-21	AMR & HCAI IMPROVEMENT GOALS FOR 2021-22	27/09/2021	Director of Nursing, Quality and Patient Experience
030-21	Referral guidelines for Urological conditions: Erectile Dysfunction, Male Lower Urinary Tract Symptoms (LUTS), Recurrent Urinary Tract Infections (UTI), Scrotal Swellings, and Urinary Incontinence in women <i>(no hyperlink available)</i>	01/10/2021	Director of Primary Care, Community and Long Term Care
032-21	Role and Provision of Dental Public Health in Wales	16/11/2021	Director of Primary Care, Community and Long Term Care
033-21	Role and Provision of Oral Surgery in Wales	14/12/2021	Director of Primary Care, Community and Long Term Care

Recommendation

The Quality, Safety and Experience Committee is requested to take assurance from the Quality and Safety Assurance Report that processes are in place to review and monitor:

- patient safety highlighted through incident reporting
- patient experience highlighted through external inspections

The Committee is asked to take assurance on the improvement work outlined in the report.

WHC No	Name of 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
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Action	Performance	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	<p>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:</p> <ul style="list-style-type: none"> Accessing the service, Communicating with patients Implementing an Individual management Plan – except 5.d.3 (see below). Skills / Expertise <p>The following areas have actions that are outstanding:</p> <ul style="list-style-type: none"> Clinical Effectiveness, Collaborative working Service improvement. <p>For standard 5.b.3 (Where identified and agreed in the IMTP that bilateral aids will best meet the patient's need. 2 aids are offered and patients are supported to make an informed choice). Funding for Bilateral hearing aids is included in the IMTP and discussions are taking place with the Finance Business Partner and hearing aid company to establish delivery dates, taking into account the two year warranty. Risk no.900 continues to be reviewed on a bimonthly basis until the hearing aids are received.</p> <p>Next audit point moved to Autumn 2022 due to pandemic. There is an All Wales working Group discussing version 3 of the Quality Standards, which can include patients with cognitive issues. Due to the pandemic version 3 is unlikely to be agreed until end of 2022.</p>
048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	16/10/2017	Action	Public Health	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	<p>Consultant in Public Health advised, progress undertaken to eliminate Hep B & C is through engagement. All Wales work is led by the professional Lead for Health Protection PHW. Lead clinician 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.</p>
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Action	Policy	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	<p>Tinnitus: Dual Room completed and taking referrals from ENT. GPs not yet advised that they can refer patients directly to Audiology (pending) Staffing: all recruited, no current vacancies.</p> <p>Facilities: Cross Hands – recent communication that this is being looked at again and re-costings required. Audiology has expressed an interest in being involved in service provision at Pentre Awel (Llanelli Wellness Village). Balance assessments equipment on order following successful Capital Bid.</p> <p>WHC: Ear Wax Management Primary Care and Community Pathway SBAR has been shared with Primary Care Directors in September 2022, requesting equipment and salaries using existing staff, which is still being considered. Pilot Ceredigion has completed, County Director is looking to recruit a Band 7 nurse and Health Care Support Worker to implement the pilot across Ceredigion. Pembrokeshire are considering a similar model, using a lower grade nurse. Director Primary Care has provided an update to Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP, awaiting decision. 16 Audiologists staff trained in micro suction to provide service to existing Audiology patients. HoS in discussion with head of School Nursing re: school entry Hearing screen service</p>
026-18	Phase 2 – primary care quality and delivery measures	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	Amber	<p>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.</p> <p>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.</p> <p>In January 2022 the Assistant Director of Primary Care confirmed no further progress has been made.</p>

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030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Compliance	Information Technology	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. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. This has included: <ul style="list-style-type: none"> Continued promotion and support with using interpreter services, particularly online BSL interpreters for emergency appointments and for when an interpreter can't be available in the same room. Advice on equipment such as portable hearing loops Advice on accessibility for those with sensory loss for the mass Covid-19 vaccination programme including access to interpreters and information in accessible formats including large print, audio and BSL. The needs of those with sensory loss is also considered as part of Equality Impact Assessments, which are carried out for the development of new and existing services and policies. Services across the Health Board are using Attend Anywhere, which is a remote consultation platform, which can be used in conjunction with online interpretation services, enabling those who need a BSL interpreter to have access to communication support during virtual consultations. The Health Board sourced clear face masks, to aid communication with patients and carers who rely on lip reading. BSL training for key staff that was planned has been delayed until it can be delivered face to face as there is an examination so exam conditions need to be maintained. In January 2022 the Assistant Director of Primary Care confirmed no further progress has been made.
033-18	Airborne Isolation Room Requirements	25/07/2018	Compliance	Quality & 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 given	Red	Short life working group established, initial recommendations now need to be reviewed by the service re best location for facility as this is not deemed to be critical care in BGH. Agreement to draft options appraisal for discussion at Executive Team and QSEAC February 2021 meeting, prior to progressing feasibility study and submission to CEIM&T. Estimated cost of £42k to carry out remedial work to the two Positive Pressure Ventilation Lobby rooms (PPVL) at BGH A&E and GGH ITU. Capital allocated work to complete by end of March 2022. The short life working group has now converted to HB wide Ventilation Group reporting to Health & Safety and feeding into IPSSG. Meetings to be held bi-monthly. Bioquell isolation rooms (semi-permanent isolation pods) being installed across all 4 ITUs in early 2022. This will bring single room capacity to 50% in all ITUs (NB. These do not equate to a negative pressure facility). 18/01/2022 - Short life working group established and all options being considered with Clinical input and neighbouring Health Board. Agreement to draft options appraisal for discussion at Executive Team and QSEAC prior to progressing feasibility study and costing of remedial action and submission to CEIM&T. SLWG to meet again end of July to progress options appraisal. Attendance at CEIM&T re isolation pods capital bid as a potential interim solution.
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Action	Public Health	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	June 2019 (completed). No timescale provided for remaining WHC	Amber	Service improvements have progressed as planned in the Ceredigion locality although unfortunately due to Covid the creation of a Sexual Health Hub in Carmarthen has not progressed as quickly as anticipated. The Hywel Dda Sexual Health Services Working Group is in the process of being re-established to ensure the needs of the population are appropriately met post pandemic.

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017-19	Living with persistent pain in Wales guidance	07/05/2019	Information/ Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Therapies & Health Science	Ffion John	Apr-22	Not provided	N/A	Amber	22/12/2021 - we have since September 2020 delivered 22 programmes virtually. These have been offered to 711 patients and 441 of these opted in to attend (62% of those offered). Of those who originally opted in, 326 have completed the PMP = 74%. The retention to completion rate of all virtual PMPs has been over 90% consistently. The next 5 virtual PMPs will begin in January 2022 and 250 people have been invited to attend those. We are reporting positive outcomes comparable with F2F PMPs, but continue to recognise the need for F2F for some patient cohorts which we are unable to offer at present due to covid restrictions. We have developed, in partnership with OSP Healthcare digital company and with the support of the Bevan Commission and TriTech, a bilingual e-PMP. We have full ethical approval to undertake and evaluate this e-PMP as a research project within Hywel Dda UHB and aim to address if a digital Pain Management Programme acceptable and does it have potential to improve people living with persistent pain's understanding of pain, increase their self-efficacy and confidence to self-manage their pain more effectively? Pain Primary Care post in North Ceredigion Cluster has been operational since June 2021 and a VBHC service evaluation will be undertaken regarding this post. This is in keeping with increasing access to pain services as early as possible, which is indicated in all national guidelines. There is also a collaboration with PKB to evaluate the usefulness of having a single access patient-held portal for people living with Pain, this study is scheduled to begin in February 2022. This service offers a collaborative approach across sectors - Primary Care, Secondary Care, Community services and third sector organisations. We hope to demonstrate that with increased, timely support in PC, people will not require as many investigations, GP time, or onward referral to secondary care services. Amman Gwendraeth GP cluster have also agreed to fund and in-house MDT Pain Service in their cluster for 3 years. 4 posts have been funded, again following the advice and ethos around enabling timely access to specialised services as required. This service will hopefully become operational by mid 2022, recruitment pending. Clinical Psychologist represent the HB on various WG 'recovery' advisory groups - including the Persistent Pain group, and supporting people on the Orthopaedic W/L advisory group.
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Compliance	Information Governance	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. Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. This has included: <ul style="list-style-type: none"> Continued promotion and support with using interpreter services, particularly online BSL interpreters for emergency appointments and for when an interpreter can't be available in the same room. Advice on equipment such as portable hearing loops Advice on accessibility for those with sensory loss for the mass Covid-19 vaccination programme including access to interpreters and information in accessible formats including large print, audio and BSL. The needs of those with sensory loss is also considered as part of Equality Impact Assessments, which are carried out for the development of new and existing services and policies. Services across the Health Board are using Attend Anywhere, which is a remote consultation platform, which can be used in conjunction with online interpretation services, enabling those who need a BSL interpreter to have access to communication support during virtual consultations. The Health Board sourced clear face masks, to aid communication with patients and carers who rely on lip reading. BSL training for key staff that was planned has been delayed until it can be delivered face to face as there is an examination so exam conditions need to be maintained. In January 2022 the Assistant Director of Primary Care confirmed no further progress has been made.
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Compliance and Action	Policy	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	Jane Deans	Ongoing	Health Board and NHS Trusts	10/01/2021	Red	Wax SBAR has been shared with Primary Care Directors in September 2021, requesting equipment and salaries using existing staff, which is still being considered. All 3 County Directors to action and report on progress for a service in their respective County Plans. Pilot Ceredigion has completed, County Director is looking to recruit a Band 7 nurse and Health Care Support Worker to implement the pilot across Ceredigion. Pembrokeshire are considering a similar model, using a lower grade nurse. Director of Primary Care, Community and Long Term Care has provided an update to Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP, awaiting decision. 16 Audiology staff trained in micro suction to provide service to existing Audiology patients. HoS in discussion with head of School Nursing re: school entry Hearing screen service.
018-20	Last Person Standing	01/10/2020	Information	Performance / Delivery / Estates	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	In January 2022 the Assistant Director of Primary Care confirmed no further progress has been made.

WHC No	Name of 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
007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	11/03/2021	Action	Health Professional Letter	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	Lesley Hill / Lisa John		NHS Wales, General Practitioners	31/03/2021	Amber	Senior Nurse Health Visiting & Early Years advised that reporting of compliance had improved (Hywel Dda 87% and Wales Average was 83% (Ceredigion was 100%)). The GPs need to ensure that this information is returned to Child Health Department so that it continues to be recorded.
009-21	School Entry Hearing Screening pathway	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 Public Health	Barbara Morgan	01/09/2022	Health Boards	ASAP	Amber	Audiology has met with SDM Senior nurse school Nursing and childhood Immunisations to discuss the WHC. This has been escalated to GM (scheduled care), who is considering options within SBAR/Business Case. This is included in the IMTP, currently awaiting outcome.
019-21	The National Influenza Immunisation Programme 2021-22	04/08/2021	Action	Public Health	Letter to health professionals about the national influenza immunisation programme 2021 to 2022.	Director of Public Health	Lynne Edwards	N/A			Amber	Implementation of WHC is currently ongoing, Immunisation Coordinator Flu season essentially runs from Sept to end of March 2022.
022-21	Publication of the Quality and Safety Framework	17/09/2021	Compliance/Action/Information	Quality and Safety	We have published the Quality and Safety Framework for NHS staff.	Director of Nursing, Quality and Safety Experience	Cathie Steele	N/A	Not provided	Apr-23	Amber	An initial assessment of the Quality and Safety Framework has been undertaken and an action plan is being formulated for the implementation of actions to be undertaken by the UHB. Several of the actions are linked to the Health and Social Care (Quality and Engagement) (Wales) Act, with particular emphasis on the duties of quality and candour, which come into force from April 2023. The Framework also links with the Quality Management System (QMS) Strategic Framework and its enabler Improving Together.
025-21	Carpal Tunnel Syndrome Pathway	15/09/2021	Action	Policy	Guidance for health boards and trusts on a standardised pathway for the management of carpal tunnel syndrome.	Director of Operations	Owain Emris (secondary care elements)	12 Months	Not provided	Nov-21	Amber	Secondary Care are scheduling a meeting with primary care leads to discuss the implementation of this WHC and formulate a development plan that outlines the transition to the new CTS Pathway. Secondary Care already practice according to this pathway, however discussions are required with primary care to ensure they fully understand the requirements.

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026-21	Overseas Visitors' Eligibility To Receive Free Primary Care	06/10/2021	Compliance/Action/Information	Legislation/Delivery/Public Health/Policy	Guidance on the circumstances allowing overseas visitors to receive free primary care.	Director of Primary Care, Community and Long Term Care	Mary Owens	12 Months		Immediate	Amber	This circular has been shared with Dental Contractors for action. I have requested contact details for the Health Board Overseas Visitor Manager to share with Dental Contractors. The categorising of overseas patients based on whether they are deemed to be ordinarily resident is a specialist task which why the WHC signposts to the HB OVN for support.
027-21	NHS WALES BLOOD HEALTH PLAN	27/09/2021	Action and Information	Quality and Safety	Guidance for health professionals on when to use blood and blood components in treatment.	Director of Operations	Dr Rhian Fuge / Helena Tollak	Sep-23	Not provided	Sep-21	Amber	<p>23/12/2021 - Dr Rhian Fuge sits on the BHNOC, the Welsh National Oversight Group who oversee the implementation of the BHP. Dr Fuge is the clinical lead on the BHNOC 'Appropriate use of platelet' work stream. As far as the PBM three main principles the HDUHB reviews and monitors these as follows:</p> <ul style="list-style-type: none"> • Pre-optimisation of the patient <ul style="list-style-type: none"> o The Blood Transfusion policy provide information and guidance on decision to transfuse o During mandatory transfusion training clinical staff are guided towards the NHSBT Blood components app which provides useful guidance for transfusion for all blood products and patient groups o Advice and guidance of the management of anaemia to reduce the requirement for blood transfusion is provided by the Consultant Haematologists • Minimising Blood Loss <ul style="list-style-type: none"> o HDUHB Major Haemorrhage Procedure provides detailed information of the protocol for staff within HDUHB when, how and what to do when a Major Haemorrhage Protocol is activated o Use of Prothrombin Complex concentrate (PCC) for reversal of Warfarin and the new Oral anti-coagulants provides information and guidance for release of PCC during life threatening situations without the requirement for Consultant Haematologist approval. o Each Major Haemorrhage (MH) is audited on a Monthly basis and data submitted to the WBS Blood Health team who provide quarterly MH KPI reports which are fed back to lead anaesthetists at each site. The KPI reports are also reviewed and discussed at HDUHB Blood Transfusion Group (BTG) meetings and HDUHB Transfusion Laboratory Managers committee (TLC) • Blood conservation <ul style="list-style-type: none"> o Blood Bank Managers at each site within HDUHB provide daily and monthly data on blood stocks including holding stocks and blood component wastage figures for both Red cells and platelets. The Blood Transfusion Group receive monthly wastage KPI reports that are reviewed and discussed at both BTG and TLC o Regular review of blood stock levels carried out for each Blood Bank Laboratory to ensure levels are appropriate for need o Release of O Rh D positive blood for all males >18 years old or females >50 years old in emergency situations o Dr Fuge undertaking trial of platelet protocol for the Haematology Clinical nurse specialists which will empower this skilled set of staff to authorise platelet transfusions <p>The Blood Transfusion Department undertakes regular internal and external audits including WBS Blood Health Audits, BHNOC audits and National Comparative Audits where appropriate to ensure compliance with BSQR2005 We are currently awaiting the 2021 NCA NICE Quality Standard 138 audit report release. Data from this and all other audits are reviewed at BTG and TLC and feedback provided to the relevant clinical area.</p>
028-21	AMR & HCAI IMPROVEMENT GOALS FOR 2021-22	27/09/2021	Action/Information	Quality and Safety	What we expect health boards and trusts to do to reduce healthcare associated infections and antimicrobial resistance.	Director of Nursing Quality and Patient Experience	Mel Jenkins	Oct-22	Not provided	Oct-21	Amber	<p>18/01/2022 - WHC sets out reduction targets for Optimising the use of antimicrobials, this is aligned to the UK National Action Plan 2019-24 Primary Care Main target of 25% reduction in antimicrobial usage in the community, which is currently being met Hospital Care - Increase the to 55% the use of WHO Access category antibiotics - antibiotic guidelines have previously been reviewed to reflect this requirement. Start Smart then Focus - medical engagement is sporadic with the audit, ARK prescription charts rolled out across HB acute sites 2) Lowering the burden of infection Reducing the burden of Gram negative Blood Stream Infections (BSI) Ecoli BSI – Eqiip project to Improve patient information for Urosepsis patients, leading to improved outcomes and a reduction in recurrence Reducing the burden of other healthcare associated infections C.difficile - Work being taken forward through the All Wales Cdifff Forum. Six sub groups; Covid, Treatment, Diagnosis, Epidemiology, Prevention and Root Cause Analysis. S.aureus BSI - PHW taking work forward on re-engaging with ANTT agenda - workshops to be set up with Stephen Rowley (ANTT)</p>

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030-21	Referral guidelines for Urological conditions: Erectile Dysfunction, Male Lower Urinary Tract Symptoms (LUTS), Recurrent Urinary Tract Infections (UTI), Scrotal Swellings, and Urinary Incontinence in women.	01/10/2021	Compliance	Policy	Referral guidelines for Urological conditions: Erectile Dysfunction, Male Lower Urinary Tract Symptoms (LUTS), Recurrent Urinary Tract Infections (UTI), Scrotal Swellings, and Urinary Incontinence in women.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Jun-23	All Health Boards NHS trusts	Directors of Primary Care	Nov-21	Amber	Urinary tract referral guidance will have been shared with contractors.
032-21	Role and Provision of Dental Public Health in Wales	16/11/2021	Action	Policy	Chief Executives of NHS organisations are requested to ensure dental public health consultants and other resources work for the whole system in Wales and that provision is consistent with this guidance	Director of Primary Care, Community and Long Term Care	Mary Owens	01/11/2024	All Health Boards	Chief Executives, All Health Boards Public Health Wales	Immediate	Amber	This WHC builds on engagement systems which were in existence prior to the issue date of the WHC – The addition relates to engagement and planning for the role out of contract reform. The HB has a nominated PH Consultant who provides support to the Dental Services Team for epidemiology, quality and safety, and service planning. The HB PHW Consultant receives a standing invitation to the Dental and Optometry Quality and Safety Meeting, attendance at meetings has been challenging during COVID 19 because of the PHW role in the COVID response.
033-21	Role and Provision of Oral Surgery in Wales	14/12/2021	Action	Policy	Chief Executives of NHS organisations are requested to ensure that those providing NHS oral surgery work for the whole system in Wales and that provision is consistent with this guidance. This circular provides guidance to Health Boards, Health Education and Improvement Wales (HEIW) and other NHS organisations on the provision of NHS oral surgery in Wales.	Director of Primary Care, Community and Long Term Care	Catherine Nelson	01/12/2025	All Health Boards & Public Health Wales	Chief Executives, All Health Boards & Public Health Wales	Immediate	Amber	<ul style="list-style-type: none"> We continue to monitor outcomes of clinical triage including numbers of patients allocated to L1,2 or 3 and top referrers via the dental e-referral management system. We have gone out for expressions of interest within GDS for upskilling to DES status and had discussions with our current and potential providers of L2 services about facilitating DES training in return for a sessional rate. We have included primary care and DES providers when reviewing service specifications and SLAs for oral surgery services. We are active members of the SW Wales OMFS MCN. The MCN chair, who is also one of our specialist providers, has been heavily involved in drafting the formal DES accreditation process and submitting it to HEIW. We have been involved in inputting this process. HEIW also carried out a recent consultation on specialist workforce and future needs and we submitted a response for Hywel Dda which highlighted oral surgery services as a priority area for us. We are currently exploring increasing our provision of sedation services across dental specialities. These services reside within the Community Dental Service clinics. Oral surgery services will be included in these plans. We will prioritise inspection of L2 service provider practices in our planned programme of practice visits. We monitor complaints and incidents relating to L2 and 3 services. We have opened dialogue with colleagues in commissioning about L3 OMS procedures which are currently all allocated to Morriston.