

QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) UPDATE REPORT

Date of last meeting: 11 June 2024

Quoracy: Met

Report by: Anna Lewis, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

ALERT¹ (may require discussion)

The Committee wish to **alert** members of Board to.

- A concern raised via the **Operational Quality, Safety and Experience Sub Committee Update report** relating to the Health Board's compliance, and potential implications of non-compliance, with the **Death Certification Reform and Medical Examiners Service** which will become a statutory duty in September 2024. This is a corporate risk on the risk register and therefore it is essential that the mitigations detailed alongside the risk are enacted immediately. The full impact of the implementation of MES is unknown, therefore future demand may exceed any additional capacity that is secured. An update on progress has been scheduled for QQSESC in September 2024, however due to the seriousness of the risk the Committee are altering the Board to this matter.

ADVISE ²(to monitor)

QSEC wish to **advise** members of Board that:

- A **patient story** highlighted some concerns regarding potential delays in clinical escalation response times and medication prescription processes within Rheumatology services due to the Communication Hub being the first point of contact for patients. Specialist nurse workforce capacity challenges were also highlighted, the Committee agreed for a deep dive to be scheduled in October 2024 to understand the mitigations.
- Developments in **stroke services access times** to mitigate the risks for patients. Although there is a need for strategic changes in the service which are being explored via the Clinical Services Plan, a deep dive will be scheduled for October 2024 to provide an understanding of the pathway challenges and mitigations.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

ASSURE³ (to note)

QSEC wish to **assure** members of Board that:

- An action plan has been developed in response to the Internal Audit Report on **Standards of Cleanliness within the Hywel Dda University Health Board**. While it was recognised that the actions are in the planning stage, the Committee will monitor delivery and the follow up Internal Audit report will be shared with the Committee when it is available. The monitoring of the action plan was delegated from the Board to QSEAC and therefore updates will be provided following progress updates which may change the nature of the status.
- The **Quality Impact Assessment (QIA) process** will ensure that strategic decisions about healthcare services are considered through a quality lens and will record the impact of decisions on the quality of the healthcare system.
- The action plan in response to the recommendations made by Care Inspectorate Wales (CIW) following the inspection of the **Withybush Hospital Creche** is progressing with the majority of actions completed. As not all actions are yet completed, the delivery will be monitored by the Committee. The Directorate's governance reporting arrangements are under review by the Director of Operations as the Committee questioned how the Directorate were unaware of the seriousness of the situation at the creche until informed by CIW.
- The revised framework which measures the criterion for **assessing and prioritising fragile services** will help to recognise and respond to services deemed at risk of being or becoming fragile and will inform the Clinical Service Plan.
- The current position in terms of compliance for WHC 2023/001 **Hepatitis B and C Elimination Plan** and the plans proposed for the next three years in working towards eliminating hepatitis B and C in the region to improve population health.

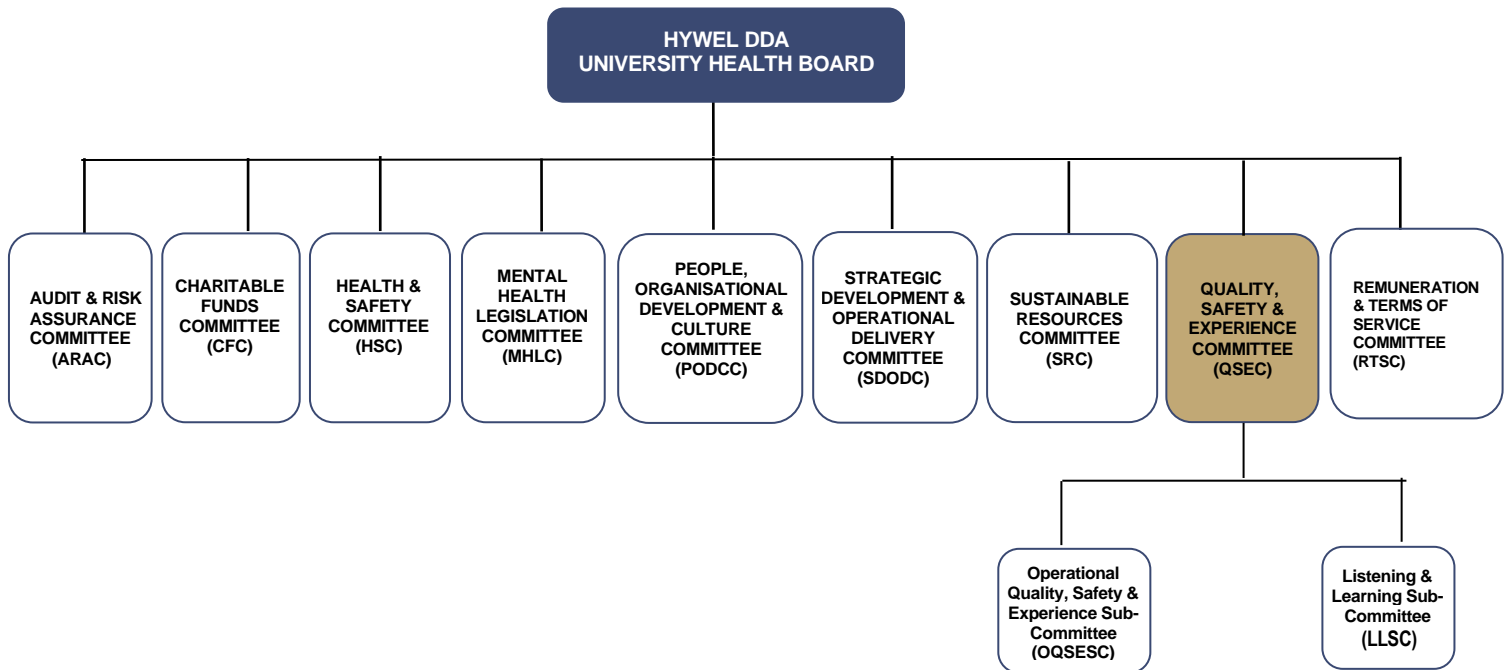
RECOMMENDATION

The Board is asked to:

- Respond to the items that they are being alerted to
- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.
- Approve the QSEC Terms of Reference (attached).
- Approve the Eliminating Hepatitis B and C Joint Recovery Plan (attached) following approval by QSEC.
- Ratify the Safeguarding Strategy (attached) following approval by QSEC.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Agenda, papers and minutes are available on our website: [Quality, Safety and Experience Committee](#)



QUALITY, SAFETY & EXPERIENCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Quality Safety & Experience Assurance Committee	16.06.2015	Approved
V2	Hywel Dda University Health Board	30.07.2015	Approved
V3	Hywel Dda University Health Board	26.11.2015	Approved
V4	Quality Safety & Experience Assurance Committee	18.10.2016	Approved
V4	Hywel Dda University Health Board	26.01.2017	Approved
V5	Quality Safety & Experience Assurance Committee	20.02.2018	Approved
V5	Hywel Dda University Health Board	29.03.2018	Approved
V6	Quality Safety & Experience Assurance Committee	05.02.2019	Approved via Chair's Action 20.03.2019
V7	Hywel Dda University Health Board	28.03.2019	Approved
V8	Hywel Dda University Health Board	26.03.2020	Approved
V9	Quality Safety & Experience Assurance Committee	07.04.2020	Approved via Chair's Action on 18.05.2020
V.9	Hywel Dda University Health Board	28.05.2020	Approved
V10	Quality Safety & Experience Assurance Committee	02.02.2021	Approved

V11	Hywel Dda University Health Board	25.03.2021	Approved
V12	Hywel Dda University Health Board	29.07.2021	Approved
V13	Quality Safety & Experience Assurance Committee	22.06.2022	Approved
V13	Public Board	28.07.2022	Approved
V14	Quality, Safety and Experience Committee	13.06.2023	Approved
V14	Hywel Dda University Health Board	27.07.2023	Approved
V15	Quality, Safety and Experience Committee	11.06.2024	Approved
V15	Hywel Dda University Health Board	25.07.2024	For Approval

QUALITY, SAFETY & EXPERIENCE COMMITTEE

1. Constitution

- 1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 October 2009.

2. Purpose

The purpose of the Quality, Safety & Experience Committee is to:

- 2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
- 2.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.
- 2.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.
- 2.4 Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium Term Plan for sign off by the Board.
- 2.6 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.
- 2.7 Receive assurance on delivery against the three areas of targeted intervention, and the required elements for de-escalation, related to quality of care (see Appendix 1 for additional detail):
- i. Planning and service management
 - ii. Quality management – clinical governance
 - iii. Quality management – complaints and healthcare associated infections (HCAIs)

3. Key Responsibilities

The Quality, Safety & Experience Committee shall:

- 3.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.

- 3.2 Seek assurance on the management of principal risks within the ~~Board Assurance Framework (BAF)~~ and Corporate Risk Register (CRR) and **Directorate level risks** allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 3.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 3.4 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.
- 3.6 Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.
- 3.7 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
- 3.8 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
- 3.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
- 3.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.
- 3.11 **Ensure that the organisation is meeting the requirements of the Health and Social Care (Quality and Engagement) Act and recommend the Annual Duty of Quality and Duty of Candour Reports to Board for approval as soon as reasonably practicable after the end of each financial year.**
- 3.12 Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations.

- 3.13 Approve the required action plans in respect of any concerns investigated by the Ombudsman.
- 3.14 Agree actions, as required, to improve performance against compliance with incident reporting.
- 3.15 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.
- 3.16 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
- 3.17 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
- 3.18 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.
- 3.19 Consider advice on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.
- 3.20 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.
- 3.21 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.
- 3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
- 3.23 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
- 3.24 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.
- 3.25 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.
- 3.26 Refer quality & safety matters which impact on people, planning and performance to the People, Organisational Development & Culture Committee (PODCC) and the Strategic Development & Operational Delivery Committee (SDODC), and vice versa.

3.27 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members (including Health and Safety Committee Chair and People, Organisational Development & Culture Committee Chair)

4.2 The following should attend Committee meetings:

In Attendance
Director of Nursing, Quality & Patient Experience (Lead Executive)
Medical Director
Director of Operations
Head of Quality and Governance
Director of Therapies & Health Science
Director of Public Health
Director of Primary Care, Community & Long Term Care
Associate Medical Director Quality & Safety
Assistant Director of Therapies and Health Science
Assistant Director, Legal Services/Patient Experience (Chair of Listening and Learning Sub Committee)
Assistant Director of Nursing, Quality and Assurance (Chair of Operational Quality, Safety and Experience Sub Committee)
Llais Cymru/ Citizens Voice Body Representative (not counted for quoracy purposes)

4.3 It is expected that Sub-Committee Chairs will attend QSEC for the purpose of presenting their update reports.

4.4 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Quality Safety & Experience Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director, at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next seven days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:

- 10.3.1 Operational Quality, Safety & Experience Sub-Committee
- 10.3.2 Listening & Learning Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
- 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/ critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 – Targeted Intervention areas relating to quality of care intervention and focus

The **quality of care intervention and focus** whilst in targeted intervention covers the following three areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Planning and service management

- Reassess the clinical strategy and support the immediate development of a clinical plan to lead future planning and investment decisions.
- Review the models for agreed services including clinical leadership, capability regional and service configuration options.
- Assess patient risk within the ophthalmology pathway, assess whether the clinical risk is being well managed and options for an improved clinical model.
- Review commissioning arrangements as appropriate.
- Review the clinical approach for regional delivery models.

2. Quality Management – clinical governance

- Review current systems and procedures to ensure high quality care, consistent with the Duty of Quality guidance.
- Review data surrounding incidents, complaints and never events to establish any patterns and investigate the extent to which learning is taking place.
- Overall review and assessment of clinical governance.
- Assessment of clinical staff capability and overall wellbeing.
- Review the quality management system linking quality control, assurance, planning and improvement, to include the management of complaints, incidents, claims, safeguarding and other related activities in line with agreed guidelines.
- Review how patient experience is being used to support quality management.
- Review safeguarding arrangements.
- Ensure that there are standard operating procedures for undertaking and responding to:
 - Clinical risk assessment
 - Mortality and Morbidity reviews
 - Incident reporting, investigations and learning
 - Coroner's requests and inquests
 - Capability and capacity issues
 - Record keeping
 - Understanding consent, as well as the fundamentals of care practice

3. Quality Management – complaints and HCAIs

- Undertake oversight of the PTR process including PTR compliance, inquests and claims management, complaints and serious incidents and external investigation processes.
- Implement a recovery plan to ensure that complaints are responded to in line with Welsh Government targets.
- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has

oversight and monitoring by board Quality Safety Committee and Board.

De-escalation criteria for quality of care

1. Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board. The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs.
 - C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month)
 - Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)
 - E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)
2. 70% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed less than 30 working days of concern received.
3. Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.
4. Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.
5. Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery.
6. Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.
7. Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care (including the use of patient and staff feedback to influence service design).

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Eliminating Hepatitis B and C - Joint Recovery Plan 2024-27
CYFARWYDDWR ARWEINIOL:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Joanna Dainton, Head of Health Improvement and Wellbeing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Welsh Government remains committed to eliminating Hepatitis B and C as a public health threat by 2030 at the latest. Elimination of Hepatitis B and C has significant benefits for the individual, population health and wider society.

The Welsh Health Circular (WHC/2023/001) for Hepatitis B and C elimination requires Local Health Boards to lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. A HDdUHB Eliminating Hepatitis B and C Joint Recovery Plan, which detailed actions for 2022-3 and 2023-4, was produced in response to this request, which was submitted to Welsh Government in August 2023. Feedback on the plan was received from Welsh Government in February 2024, and the Plan was finalised, including progress update report.

Using feedback from Welsh Government and from the HDdUHB Eliminating Hepatitis B and C Steering Group (which has representation from a wide range of partners, including the Area Planning Board and Public Health Wales), this report provides an update of actions taken from the initial plan and builds on the actions to be taken forward over the next three years (2024-7).

The Board is asked for a decision to approve the HDdUHB Eliminating Hepatitis B and C Joint Recovery Plan, which will support the collective ambition to achieve the elimination of Hepatitis B and C as a public health threat by 2030 and improve the health and wellbeing of the population of west Wales.

Cefndir / Background

The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the hepatitis virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis-related liver disease and all of its complications: end stage liver disease (cirrhosis) and hepatocellular carcinoma, which are extremely costly to manage and require utilisation of scarce resource. As well as the cost savings that are realised, prevention

and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

In summer 2023, the Seventy-Fifth World Health Assembly approved the new Global Health Sector Strategies including new actions and targets to eliminate viral hepatitis: Global health sector strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030 (who.int). The World Health Organisation also in 2023 published updated guidance on Hepatitis C infection, with new recommendations on treatment of adolescents and children, simplified service delivery and diagnostics. The key strategic and operational tasks identified to eliminate hepatitis B and C are not new: increasing awareness, increasing funding, improving access to vaccination, testing and treatment. A key challenge for Wales is reaching those currently not engaged with traditionally-delivered healthcare services.

In 2015, it was estimated that there were between 12,000 and 14,000 people in Wales with hepatitis C. Since then, 4,000 people have been successfully treated. This has resulted in fewer individuals requiring treatment for hepatocellular carcinoma because of hepatitis C, when overall numbers requiring treatment for hepatocellular carcinoma have been increasing. Despite many successes to date, and the dedication that continues to be shown by staff providing key services, the elimination of Hepatitis B and C remains challenging, exacerbated by the impact of the COVID-19 pandemic.

Updated modelling for Hepatitis C alone suggests there could be another 8,000 people in Wales who we need to reach. Without further action, elimination may not be achieved until at least 2040. There is, therefore, an urgent need to reinvigorate the drive to eliminate Hepatitis B and C. Hepatitis B and C interventions have traditionally been delivered through hospital-based services and by specialists.

While there will always be a role for specialised services, to eliminate Hepatitis B and C we must simplify service delivery, including testing and treating, at the most appropriate setting for the individual, whether that be in primary care, harm-reduction services or settings such as prisons. Identifying individuals for testing and supporting linkage to treatment is crucial.

Delivery of care and treatment needs to be increasingly undertaken by non-specialists, which could include primary care professionals. It will not only require the rapid recovery of services to pre-pandemic levels but also a significant increase in individuals being tested and treated, with a particular focus on populations at risk of Hepatitis B and C, including those from high prevalence countries and people who have ever injected, or currently inject drugs.

Routine screening for Hepatitis B has been part of the antenatal screening programme since the early 2000s. In 2017, Hepatitis B vaccination became part of the routine childhood vaccination programme. Because of these interventions, acute hepatitis B in Wales is now rare in children, but it remains a problem among unvaccinated adults. Further work is required to understand the prevalence in Wales but similar adult groups to those described above will need to be reached. There is no vaccination to prevent hepatitis C infection. As such, harm reduction interventions including Needle and Syringe Programmes (NSP) and regular routine opt-out testing for Blood Borne Virus (BBV) infection are essential for prevention.

Through the publication of the Welsh Health Circular WHC/2023/001 (Eliminating Hepatitis B and C as a public health threat in Wales – Actions for 2022-23 and 2023-24), Health Boards were charged with delivering the measures and actions put in place within the circular, to eliminate Hepatitis B and C as a public health threat by 2023 on behalf of Welsh Government.

Asesiad / Assessment

Progress Update

A key action within the Welsh Health Circular directed all Health Boards to produce and publish Joint Recovery Plans, working with Area Planning Boards and Public Health Wales. Following feedback from Welsh Government, the HDdUHB Joint Recovery Plan for 2023-4 has been updated to reflect priorities for our population for the next three years (2024-7). The priorities within the Recovery Plan were focused and based on an assessment of the Health Board's position against the recommendations for elimination contained within the circular.

Progress has been achieved across priority areas through the last two years and has provided great momentum towards eliminating hepatitis B and C in our communities. To demonstrate the work already undertaken progress updates have been identified below:

Action 1: Develop Joint Recovery Plans:

The publication of the HDdUHB Joint Recovery Plan enables the status of the Welsh Health Circular to be complete. The Health Board now moves into an operational delivery stage of the plan which will be lead through the Eliminating Hepatitis B and C Steering Group for the Health Board.

Action 3: Prevent Infection:

New pharmacy Blood Borne Virus (BBV) contract rolled out with Primary Care team and two new pharmacies now engaged.

Health protection nurses are now working alongside BBV nurses providing vaccinations in drug and alcohol services for Hepatitis B. At the beginning of June 2024, an outreach bus is reaching our hard to engage communities, in order to provide testing and vaccinations. Needle exchange is also provided via the Outreach bus. Health Board staff are providing vaccinations for all staff (including non-NHS staff) who will be carrying out Dry Blood Spot Testing.

Dyfed Drug and Alcohol Service (DDAS) provide needle syringe provision as part of their core contract in each of the three localities across the Health Board. A new and innovative approach to engaging wider has been launched with 'Spike on a Bike', an initiative which delivers needle syringe provision to users' homes. Evaluation of this service has agreed support from Swansea University.

Action 4: Increase Case finding

The Wallich homelessness and rough sleeping charity has access to an Outreach bus as part of their provision and their outreach service staff have been trained to undertake Dry Blood Spot Testing (DBST). Resources have been provided to The Wallich to undertake this testing. Positive partnership working between the BBV nurses and The Wallich has enabled the BBV nurses and Alcohol Liaison Teams to utilise this bus, in order to undertake outreach work within identified areas of Llanelli (where there has been a recent outbreak of Hepatitis C). The aim is to roll this resource out across the region.

BBV nurses have worked in partnership with Tuberculosis (TB) nurses and consultants and BBV testing is now part of the TB screen for individuals from high prevalence countries/asylum seekers. BBV training has also been undertaken with Primary Care GPs and medical staff, to highlight the importance of screening individuals from high prevalence countries.

Hepatitis elimination is built into the workplan for Blue Light Project, alcohol outreach workers enabling work with change resistant alcohol users, and all Blue Light nurses have undertaken

BBV training and carrying out venepuncture testing on individuals identified with a history of risk.

Action 5: Testing Models

Established dry Blood Spot Testing is now carried out by drug and alcohol services within the Health Board and The Wallich staff have also been trained to carry out DBST. All BBV nurses across the Health Board region also carry out venepuncture testing.

High intensity test and treat projects explored and connections made with Gilead UK to commence a project with a high-risk homeless community in Pembrokeshire, providing point of care of care testing.

Action 6: Testing in Community Pharmacy – Update on Pharmacy Contract

Three pharmacies within the Health Board region have signed up to the promotion of and roll out of the new pharmacy BBV contract and are working closely with Lead BBV pharmacist. Training has completed with the aim to roll out across more rural pharmacies.

Action 7: Testing Substance Misuse Services and Key Performance Indicators

To improve on our previous testing rates within substance misuse services, the Health Board is working with Gilead UK on the Step C Free project, with the aim to increase testing in substance misuse services. The first priority is to achieve a baseline, thus ensuring that KPI target. Testing will include Point of Contact Testing (Dry Blood Spot Testing), with Gilead supplying Cepheid system for rapid results, in line with high intensity treatment and testing. Funds have been identified from the Area Planning Board Substance Misuse Action Fund underspend to purchase Dry Blood Spot Testing grab bags, which have been distributed to substance misuse services and The Wallich. There are future plans to explore Point of Care Testing via oral swabs.

Action 8: Referral rates from Substance Misuse Services

Historically, testing rates within substance misuse services for Hepatitis B and C services have been low. The project with Gilead and the plans for increased testing within substance misuse services should increase ongoing referral rates.

Action 10: Improve Treatment Update

The drugs required for treatment for Hepatitis are historically delivered directly to the patient. This has previously taken around 3 weeks. By changing provider and by working with the BBV Lead Pharmacist and the Health Board Lead Pharmacists, the average delivery time is now 7 to 10 days.

Action 11: Increase the Number of Patients Successfully Treated for Hepatitis C

There have historically been issues around the Hepatitis C consultation note via Welsh Clinical Portal (WCP) and neo360 harm reduction database, as data reported was not accurate. This has now been addressed and resolved.

Scoping on the approach taken by Cardiff Hepatitis Peer Support Service, delivered via Hepatitis Trust, has been completed. Further work is underway to explore options to embed a peer support worker approach.

Action 12: Deliver the National Re-engagement Programme.

National Re-Engagement Programme data for the Health Board has been returned to Public Health Wales and the project is ongoing.

Governance

Welsh Government have established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales (including existing groups/networks, such as the Liver Disease Implementation Group), key services outside the NHS, such as specialist substance misuse services and third sector organisations.

Locally, a HDdUHB Eliminating Hepatitis B and C Steering Group has been established, which will have dual reporting: to the Health Board via the Health Protection Coordination and Oversight Group; to the APB via the Harm Reduction Group.

Next Steps

The HDdUHB Eliminating Hepatitis B and C Joint Recovery Plan 2024-7 has been reviewed by the HDdUHB Eliminating Hepatitis B and C Steering Group. The plan is provided within Appendix A and provides an update of actions to be taken forward over the next three years to support the collective ambition to achieve elimination of Hepatitis B and C and improve the health and wellbeing of the population of west Wales.

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the HDdUHB Eliminating Hepatitis B and C Joint Recovery Plan, which will support the collective ambition to achieve the elimination of Hepatitis B and C as a public health threat by 2030 and improve the health and wellbeing of the population of west Wales.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities

Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	WHC - Eliminating Hepatitis B and C as a public health concern in Wales - Actions for 22 23 and 23 24.doc (002).pdf
Rhestr Termau: Glossary of Terms:	Noted within body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Quality, Safety and Experience Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Service model delivery of all delivery programmes will consider any financial constraints from existing budgetary allocations and any additional grants / funding allocated.
Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for all hepatitis B and C programmes, not only to improve overall health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services.
Gweithlu: Workforce:	As for Quality / Patient Care impact.
Risg: Risk:	Risks are detailed in the report. Areas where progress against actions is not on target will be reflected within directorate risk register.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Approaches already undertaken in the area to encourage test and treat uptake and target interventions at groups and communities to address health inequities and inequalities. Communication team supporting the elimination hepatitis B and C programmes.
Gyfrinachedd: Privacy:	Not Applicable

**Cydraddoldeb:
Equality:**

Approaches already undertaken in the area to encourage test and treat uptake and target interventions at groups and communities to address health inequities and inequalities. Joint Recover Plan designed to reduce inequities further.

Eliminating Hepatitis (B and C) as a Public Health Threat

Hywel Dda University Health Board – Three Year Joint Recovery Plan 2024-27

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health / Chair of Area Planning Board

Reporting Officer: Joanna Dainton, Head of Population Health Improvement and Wellbeing – Public Health

Plan Status: Submission to Welsh Government – May 2024

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7. REFERENCES

APPENDICES:

- **Appendix 1: WHC Eliminating Hepatitis B and C as a Public Health Concern in Wales**
- **Appendix 2: HDUHB Eliminating Hepatitis B and C Steering Group Terms of Reference**
- **Appendix 3: HDUHB Local Data Mapping & Dashboard**
- **Appendix 4: Current Investment**
- **Appendix 5 : Authors & Contributors**

1.Purpose

The Welsh Government remains committed to eliminating Hepatitis B and C as a public health threat by 2030 at the latest.

This paper sets out the background context and provides a draft action plan for elimination of Hepatitis C and B within HDUHB area in line with the requirements outlined in the Welsh Health Circular WHC/2023/001.

2.Background

The Welsh Government remains committed to eliminating Hepatitis B and C as a public health threat by 2030 at the latest. Elimination of Hepatitis B and C has significant benefits for the individual, population health and wider society.

The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: end-stage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

In summer 2023, the Seventy-Fifth World Health Assembly approved the new Global Health Sector Strategies including new actions and targets to eliminate viral hepatitis: Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (who.int). The World Health Organisation also in 2023 published updated guidance on Hepatitis C infection, with new recommendations on treatment of adolescents and children, simplified service delivery and diagnostics. The key strategic and operational tasks identified to eliminate hepatitis B and C are not new: increasing awareness, increasing funding, improving access to vaccination, testing and treatment. A key challenge for Wales will be reaching those currently not engaged with traditionally delivered healthcare services.

3. SITUATION & ASSESSMENT

Prevalence and Elimination Response

In 2015 it was estimated there were between 12,000 and 14,000 people in Wales with hepatitis C. Since then 4,000 people have been successfully treated. This has resulted in fewer individuals requiring treatment for hepatocellular carcinoma because of hepatitis C, when overall numbers requiring treatment for hepatocellular carcinoma have been increasing.

Despite many successes to date, and the dedication that continues to be shown by staff providing key services, the elimination of Hepatitis B and C remains challenging, exacerbated by the impact of the pandemic. Updated modelling for Hepatitis C alone suggests there could be another 8,000 people in Wales who we need to reach. Without further action, elimination may not be achieved until at least 2040. There is therefore an urgent need to reinvigorate the drive to eliminate Hepatitis B and C.

Hepatitis B and C interventions have traditionally been delivered through hospital-based services and by specialists. While there will always be a role for specialised services, to eliminate Hepatitis B and C we must simplify service delivery, including testing and treating, at the most appropriate setting for the individual, whether that be in primary care, harm reduction services or settings such as prisons. Identifying individuals for testing and supporting linkage to treatment is crucial. Delivery of care and treatment needs to be increasingly undertaken by non-specialists, which could include primary care professionals. It will not only require the rapid recovery of services to pre-pandemic levels but also a significant increase in individuals being tested and treated, with a particular focus on populations at risk of Hepatitis B and C including those from high prevalence countries and people who have ever, or currently inject drugs.

Routine screening for Hepatitis B has been part of the antenatal screening programme since the early 2000s. In 2017, Hepatitis B vaccination became part of the routine childhood vaccination programme. As a consequence of these interventions, acute hepatitis B in Wales is now rare in children, but it remains a problem among unvaccinated adults. Further work is required to understand the prevalence in Wales but similar adult groups to those described above will need to be reached.

There is no vaccination to prevent hepatitis C infection. As such, harm reduction interventions including needle and syringe programmes (NSP) and regular routine opt-out testing for blood borne virus (BBV) infection are essential for prevention.

4. RECOMMENDATIONS: HDUHB PRIORITIES & KEY ACTIONS

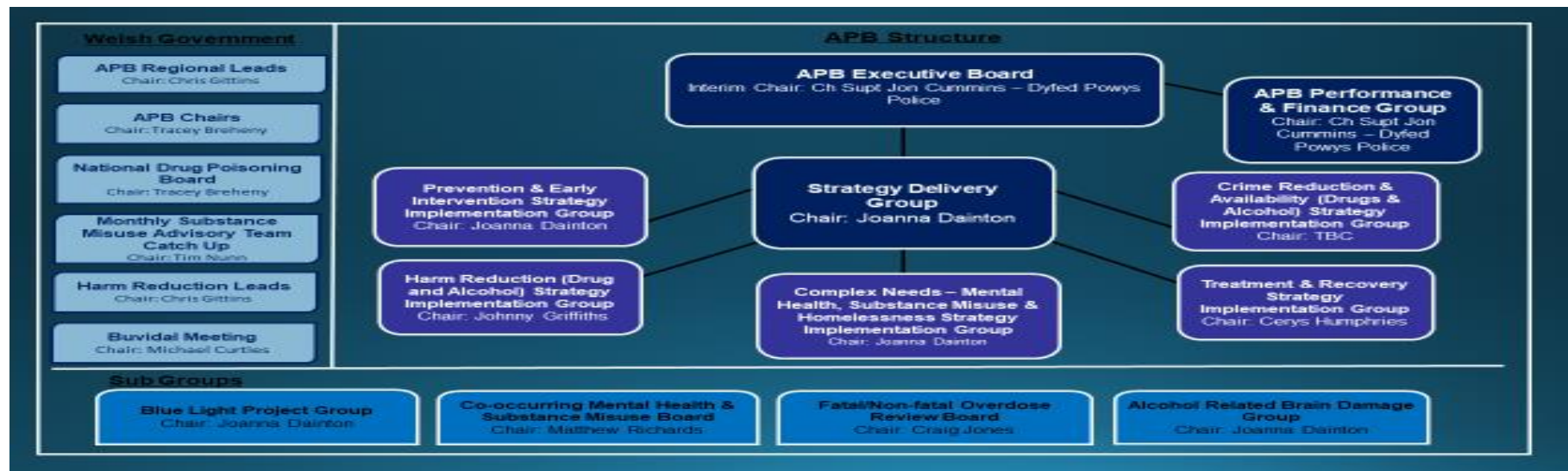
Our priorities for action are based on an assessment of our position against the recommendations for elimination contained within the Welsh Health Circular WHC / 2023 / 001, as follows:

- **WHC/ HDUHB Priority Area 1 & 2 - Strategic Planning, Service Investment & Leadership**
- **WHC/ HDUHB Priority Area 3 & 4 - Prevent Infection and Increase Case Finding**
- **WHC/HDUHB Priority Area 5, 6, 7, 8 & 9 – Improving Testing & Referral**
- **WHC / HDUHB Priority Area 10, 11 & 12 – Improve Treatment Times and Treatment Completion**
- **WHC / HDUHB Priority Area 13 – Intelligence and Performance Management**

5. Delivery Structure

Welsh Government has established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales (including existing groups/networks, such as the Liver Disease Implementation Group), key services outside the NHS, such as specialist substance misuse services and third sector organisations.

Locally, a Hywel Dda University Health Board Eliminating Hepatitis B and C Steering Group has been established which has dual reporting into the Area Planning Board (APB) via the Harm Reduction Group and into the Health Board via the Executive Director for Public Health. The APB structure is below. Terms of reference for the steering group are attached as Appendix 2.



6. DRAFT HEPATITIS B AND C ELIMINATION PLAN FOR DISCUSSION



Welsh Health Circular WHC/2023/001 states that the joint recovery plans must cover the following actions:

- A named corporate lead for Hepatitis B and C elimination in the Health Board.
- A list of posts which are resourced to deliver Hepatitis B and C elimination and provide evidence of new or planned investment in services to support the elimination agenda (Action 2 below).
- Actions that will be taken to improve access to Needle and Syringe Programmes (Action 3 below).
- Actions that will be taken to improve outreach services including peer support services (Action 4 below).
- Actions that will be taken to improve testing in pharmacies, substance misuse services and prisons. Testing by GPs and testing in sexual health services should also be considered (Actions 5-9 below).
- Actions that will be taken to ensure those referred for treatment are seen in an appropriate time frame and receive treatment in a setting suitable to their needs. In many instances this will mean that patients need to be seen in the community within a few days of their diagnosis and started on treatment in a community setting. Health boards need to ensure that teams are appropriately resourced for this and set up to provide care in line with national rapid treatment guidelines. Achieving this will require reassurance that clinical teams will be adequately resourced to both treat individuals that need to be treated in clinical settings and support treatment in the community (Action 10 below).
- Acknowledgement that the hepatitis C treatment targets set for 2023-24 are minimum targets to be exceeded wherever possible (Action 11 below).
- Assurance on resource to support the national re-engagement programme (Action 12 below).
- Assurance that the e-form will be used for data recording (Action 13 below).

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
Action 1 – Develop Joint Recovery Plans					
Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. These joint recovery plans must be submitted to HealthProtectionProjects@gov.wales for assessment by the Hepatitis B and C Elimination Programme Oversight Group.	Identify Executive Lead	Ardiana Gjini	Complete	The Executive Director for Public Health will be the Executive lead for the agenda.	
	Identify Health Improvement & Area Planning Board lead – Public Health	Joanna Dainton	Complete	Joanna Dainton – Head of Population Health Improvement & Wellbeing to lead on APB and health improvement aspects of the plan development and implementation	
	Identify Lead Clinician	Nicola Reeve	Complete	Nicola Reeve, HDUHB Lead Nurse Hepatology & BBV Lead	
	Identify Health Protection Lead – Public Health	Megan Harris	Complete	Megan Harris, Consultant in Public Health	
	Agree plan delivery and performance monitoring mechanisms	Joanna Dainton / Craig Jones (Prevention & Population Health Improvement Manager)	Complete	Delivery and performance monitoring arrangements agreed. Eliminating Hepatitis B and C Steering Group established. First meeting held in July 2023. TOR attached as Appendix 2.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
Action 2 – Provide Sufficient Funding to Meet Elimination Targets					
<p>Welsh Government will seek to secure ongoing funding for key national coordination posts to assist and enable key delivery partners to deliver against the elimination agenda. Health Boards, Area Planning Boards and Public Health Wales must provide evidence of new investment in services to support the elimination agenda</p>	<p>Mapping exercise to be undertaken to identify local service provision and funding source against recommended English model of service delivery</p>	<p>Joanna Dainton, Nicola Reeve and Lisa Hughes</p>	<p>September 2023</p>	<p>Initial mapping of service provision and current investment completed (Appendix 3 & 4).</p> <p>New investment identified for some elements of provision from APB funding (Appendix 3 & 4).</p>	<p>Green</p>
	<p>Summary of key service and funding gaps and areas for development to be provided</p> <p>Additional mapping to be undertaken to demonstrate work being undertaken in other areas such as housing /homelessness, community settings etc</p>	<p>Joanna Dainton, Nicola Reeve and Lisa Hughes</p>	<p>Ongoing</p>	<p>Initial breakdown of investment produced (Appendix 3 & 4)</p> <p>Summary of service gaps identified. (Appendix 3 & 4)</p>	<p>Green</p>
	<p>Assess capacity within existing Hepatitis B and C Treatment system to meet the treatment targets as</p>	<p>Nicola Reeve / Glenna Jones</p>	<p>Ongoing</p>	<p></p>	<p>Yellow</p>

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	referral into the system increases.				
	Utilise capacity within existing Health Protection team to enhance treatment pathways and capacity. Review on an ongoing basis.	Glenna Jones / Nicola Reeve	Ongoing	Health Protection staff supporting BBV nurses to engage with substance misuse services on Hepatitis agenda. Health protection staff will lead on future HIIT programmes.	
	Explore use of public health bus to deliver vaccinations	Glenna Jones	Ongoing		
Action 3 – Prevent Infection					
Health Boards and Area Planning Boards must ensure substance misuse service and community pharmacy harm reduction services increase the provision and uptake of needle and syringe programmes (NSPs) across Wales to ensure 100% availability of sterile injecting equipment for every injecting event in line with NICE guidance in order to prevent ongoing transmission.	Baseline data on current Pharmacy based NSP location and usage to be produced and reported quarterly	Lisa Fisher & Jo Dainton	Quarterly reports via APB Harm Reduction Group & Hepatitis Steering Group	Data on initial 2023 Service Provision attached as Appendix 3. Data to be discussed quarterly at HDUHB steering group meeting	
	Develop a detailed plan to increase provision and uptake of Pharmacy based NSP in order to ensure	Joanna Dainton / Paul John	2025	Nationally, use of Pharmacy based needle syringe provision has declined significantly since Covid. Targeted	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	equitable coverage across the three counties.			promotion of the service will be picked up via the Communications Group and the pharmacy engagement work.	
	Promotion of and roll out of New Pharmacy BBV Contract across HDUHB	Paul John / HDUHB Primary Care Contract Manager	Ongoing	Central pharmacy, New Quay now offer the BBV service (Pharmacist training complete) and will be soon offered in Milford pharmacy, Milford haven. Work will continue to increase take up, supported by the other actions within this plan.	
	Develop a bespoke package to support pharmacists to encourage delivery of NSP provision. This would include a dedicated contact point for pharmacists, pharmacy champions and training / awareness sessions delivered twice a year.	Craig Jones / Paul John / Medicines Management Team	Package developed by December 24		

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Baseline data on substance misuse service based NSP and activity to be reported quarterly	Lisa Fisher & Joanna Dainton	Quarterly	DDAS currently provides fixed site Needle Syringe Provision as part of their core contract in each of the three localities across Hywel Dda. The geography of Hywel Dda and its rurality requires creative and innovative ways of engaging with the target population (see Spike on a Bike initiative below) and provides increased importance in ensuring Pharmacy based syringe provision. NSP use in fixed site bases has also declined and efforts to promote the provision will be increased.	
	Continue to promote and deliver the Spike on a Bike initiative which increases access to NSP for a range of client groups / geographically remote drug users	Craig Jones / DDAS Service Manager	Quarterly reports	The DDAS Spike on a Bike initiative delivers NSP to users homes. The project is a new and innovative approach to engagement and we have linked with	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
				Swansea University to undertake research into the impact.	
	Continue to develop plans to ensure provision of NSP in a range of other settings to increase access for priority target groups e.g. Homeless, Supported accommodation, traveller communities, Polish and Ukrainian population.	Lisa Hughes / HDUHB Outreach Team / Complex Needs Service Development Manager	Ongoing		
	Develop Hepatitis B and C awareness campaign for target populations to include awareness raising to steroid / PIEDs injectors and other vulnerable groups. We will also ensure campaigns are linked to other promotional work such as sexual health, substance misuse etc.	HDUHB Public Health Communications Group and APB Harm Reduction Group	Initial campaign in line with World Hepatitis Day & then Ongoing	Hepatitis awareness will be an initial priority for the recently established Public Health Communications Group. Plan in place for community awareness day across the Hywel Dda region on World Hepatitis Day	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	<p>Consider separate promotional material for families of injecting drug users to minimise transmission.</p> <p>Link with PHW commissioned work to provide costed options for nationally co-ordinated awareness raising initiatives in 2024</p>				
	<p>Review and update where necessary the HDUHB three county discarded needle protocols to ensure appropriate arrangements in place to minimise community harm</p>	<p>Harm Reduction Group - APB</p>	<p>2025</p>		
	<p>Increase HDUHB take up of Hepatitis B vaccination (baseline 2023 annual report shows 6 in 1 uptake below 95% across all three LAs)</p>	<p>Glenna Jones / Geri Arthur</p>	<p>Ongoing</p>	<p>This work will link with wider public health vaccination / immunisation promotion.</p>	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
				Joint work between HDUHB and The Wallich has enabled use of an outreach bus which will be utilised to access hard to reach communities. HB teams will provide vaccinations for individuals at risk via this route. HDUHB have provided vaccinations for all staff carrying out DBST.	
	Workforce – Consider Workforce training needs across settings in relation to Hepatitis Awareness and processes for prevention, testing and treatment and consider enhanced training programmes.	HDUHB Steering Group	2025	For discussion at a future meeting. BBV training has been undertaken with Primary Care GPs and medical staff to highlight the importance of screening individuals, particularly those from high prevalence countries	
Action 4 – Increase Case Finding					
Health Boards and Area Planning Boards must invest in effective and sustained	Include Hepatitis elimination agenda within	Complex Needs	2025	APBs have received additional funding to	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<p>outreach services to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.</p>	<p>the pathways for the APB Complex Needs Project service delivery across Mental Health, Housing / Homelessness and substance misuse. This will include formal pathways for NSP, Dry Blood Spot Testing (DBST) and access to treatment for these client groups.</p>	<p>Service Development Manager</p>		<p>establish multi – disciplinary teams to improve interventions for those with complex needs across substance misuse, mental health and housing /homelessness. The requirement to consider Hepatitis elimination measures to be added to the Project PID.</p> <p>Currently awaiting FCG approval to recruit to the Complex Needs post to progress this action.</p>	
	<p>Ensure Hepatitis elimination agenda is built into the Blue Light Project Steering Group, Alcohol Outreach worker protocols and Alcohol Pathways work where there are change resistant alcohol users who may also have injecting behaviour</p>	<p>Blue Light Project Group & Complex Needs Service Development Manager</p>	<p>2025</p>	<p>Blue Light Nurses have undertaken BBV training and are carrying out venepuncture testing on individuals identified with any history of risk</p>	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Develop a clear plan and pathways to identify and have robust DBST arrangements in place for other key target groups including explore the feasibility of expanding the range of professionals who may be able to deliver opportunistic DBST during engagement with at risk community members not in contact with other services e.g. Fire Service, Community Midwives, Health Visitors, HDUHB Outreach Team	Nicola Reeve / Complex Needs Manager /Beverley Davies	2025		
	Wallich Outreach Service Project - Explore options for preventing infection and increasing case findings through NSP and DBST at the Wallich project with rough sleepers not in contact with services	Paul Sheridan / Nicola Reeve/ Glenna Jones/ Complex Needs Manager	Ongoing	Significant amount of work has been done in this area. Wallich staff have received training and pathways and formal protocols are in the process of being captured.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Sexual Health Services – Explore and develop options for prevention, case finding with sexual health services	Sarah Rees / Sally Kidsley	Ongoing	Sexual Health service representatives attend HDUHB Hepatitis Steering Group and are part of local plans to increase screening, testing and treatment. Sexual Health lead has linked in with lead BBV nurse.	
	Establish baseline and increase testing for individuals from high prevalence countries / screening of asylum seekers.	Glenna Jones	Ongoing	BBV nurses working with TB nurses and consultants. BBV testing is part of TB screen for individuals from high prevalence countries/asylum seekers. BBV training undertaken with Primary Care staff to highlight the importance of screening individuals from high prevalence countries	
	Hepatitis B vaccination – Include local data on current vaccination levels	Lisa Fisher	Ongoing	National database produced by Josie Smith's central team and	


Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	and settings and identify opportunities and settings for further vaccination for at risk groups.			data will be considered at Hepatitis Steering Group.	
	Link with work being undertaken at a national level to consider best practice for incentivised testing schemes and explore local roll out if deemed to significantly increase testing and acceptance of treatment.	Nicki Palmer / Glenna Jones / Geri Arthur/ Nicola Reeve			
Action 5 – Improve Testing Models					
BBV testing should be available in a variety of settings including community pharmacy, community settings, NSPs, drug and alcohol services and prisons. The model of testing will vary by setting and health boards and Area Planning Boards must support the roll out of testing strategies that have proven to be effective including	Baseline data on current DDAS DBST (location, volume) to be produced and reported quarterly and targets set	Lisa Fisher Performance Officer / Liz Walsh WG	Quarterly	DDAS, the commissioned single point of contact drug and alcohol service for Hywel Dda provides opt out DBST for all referrals into the service. DBST resource have been provided to sm	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
venepuncture, dried blood spot testing and point-of-care tests.				services to increase testing rates. Wallich outreach workers now trained to carry out DBST. All BBV nurses carrying out venepuncture testing. High intensity test and treat projects organised with Gilead. The Pembrokeshire Project will run for over a week for an identified high homeless population providing point of care testing. To be replicated in other identified areas of need	
	Baseline data on current CDAT DBST provision (location, volume) to be produced and reported quarterly	Lisa Fisher, Health Improvement Team & APB Performance Manager	Quarterly report via APB Harm Reduction Group		
	Maternity Services – Current pathways for screening, testing and referral into treatment to be	Sarah Burton	Pathway by	Antenatal Screening Wales screen all antenatal women across Wales but not their	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	<p>reflected in a written local document. Explore options for improvement, for instance, Hepatitis C testing and testing / screening of partners at 12 week scan and keep up to date on arrangements at a national level for HIV testing.</p> <p>Link in with the national work that is being undertaken to review antenatal guidance for screening and opportunities that antenatal screening can offer for infected partners</p>		<p>December 24</p> <p>National work ongoing</p>	<p>partners – need to explore feasibility around offering testing for partners at 12 week scan. Antenatal HIV screening is being explored at a national level but currently waiting to see more results from England before deciding if it is something Wales can introduce.</p>	
	<p>Review local testing models and scale of use and produce data on testing by type locally – include information on PHW Test & Post where individuals can request sexual health and BBV online.</p>	<p>Nicola Reeve/ Louise Davies / Geri Arthur</p>			

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	<p>Explore potential for Naloxone peers to undertake DBST.</p> <p>Promote access locally for testing as part of promotion campaigns.</p>				
	Plan local HITT campaigns in line with need.	Glenna Jones / Nicola Reeve / Louise Davies		Link with PH Communication sub-group.	
	Establish the clinical need for POCT and Venepuncture testing and the development of enhanced testing pathways	Nicola Reeve / Louise Davies			
	<p>Primary Care – Review arrangements for testing and referral to treatment within primary care and explore feasibility of English approach to scanning GP records for potential risk factors.</p> <p>Ensure local promotional materials on Hepatitis B</p>	Primary Care Manager / Complex Needs Manager		Primary Care have the “All Wales Abnormal Liver Blood Test Pathway” which GPs follow and include details on BBV testing. Focused discussion at a future Hepatitis Steering Group meeting.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	and C are distributed within primary care.				
Action 6 – Improve Testing In Community Pharmacies					
Testing is currently being delivered in a small number of community pharmacies nationally. Introducing new point-of-care tests is a key way of improving testing in this community setting.	Review local implementation of new national BBV Pharmacy specification with primary care, Hepatology, Pharmacy, Medicines Management and CPW colleagues	Paul John / Primary Care Manager		Work underway to promote roll out of the service. Funding approved by primary care group. Three local pharmacists signed up to deliver. Number of tests undertaken to be monitored via the Hepatitis Steering Group.	
Health boards must ensure point-of-care tests are available in at least 100 community pharmacies from those with the highest numbers of needle and syringe exchange and opioid substitution therapy service users by April 2024.	Develop a plan for the roll out of point-of-care tests to the highest volume NSP services and pharmacy OST supervised consumption services in HDUHB.	Paul John / Primary Care Manager / Lisa Hughes			

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<p>Welsh Government will work with health boards to agree the priority pharmacies in each health board area.</p> <p>Link with the national work being undertaken on pharmacy engagement and the national service specification for BBV testing in community pharmacies which has been agreed to help support the implementation of the enhanced service pathway testing for blood borne viruses (BBV) in pharmacies and outreach settings.</p>	<p>Agree consistent WG point of contact to report back HDUHB pharmacy engagement.</p>	<p>Welsh Government</p>	<p>Ongoing</p>	<p>Appropriate route identified. Paul John, national pharmacy link attends HDUHB steering group meeting.</p> <p>Link and direct communication established with the Health Protection team at WG, with representatives to attend future steering group meetings.</p>	
<p>Action 7 – Improve Testing In Substance Misuse Services</p>					

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<p>The key performance indicator (KPI) for Area Planning Boards is being reintroduced.</p>	<p>Baseline data report on KPI target to be produced and monitored via Hepatitis Steering Group</p>	<p>Lisa Fisher, Performance Officer</p>	<p>Quarterly</p>	<p>Welsh Government representative Liz Walsh has established dashboard to be able to report on the KPI. Liz and PHW Josie Smith or representative to attend future meeting.</p>	
	<p>KPIs reported nationally to Welsh Government, APB Executive and HDUHB SDODC – quarterly to six monthly</p>	<p>Lisa Fisher, Performance Officer</p>	<p>Quarterly</p>	<p>Report quarterly to APB Executive. Frequency via HB structure to be agreed.</p>	
<p>Background data provided acknowledges that only 10% of service users engaging with substance misuse services were tested for Hep C in 2021-22. This is significantly below the current target of a minimum of 50% of service users being regularly tested (with the aim that this is strengthened in future to cover 100% of service users regularly tested).</p> <p>Link with national work on consumables that is being undertaken with a focus on</p>	<p>Improve testing rates in all substance misuse services and reflect requirement to test regularly within all substance misuse service contracts.</p> <p>Develop detailed plan outlining current barriers to testing and actions to address these barriers with all commissioned substance misuse services</p>	<p>CDAT – Geraint Hughes/ DDAS Service Manager / Social Care Managers Three Counties / Complex Needs Manager</p>	<p>Quarterly reports to Steering Group</p>		

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
ensuring accessible and sustainable stocks of both DBST and POCT.					
	Review hepatitis B vaccination in staff and peers within community drug and alcohol services and explore a sustainable hepatitis B vaccination model for substance misuse services with the health board occupational Health team / other relevant bodies.			All staff carrying out DBSTs are receiving Hepatitis B vaccinations.	
Action 8 – Improve Referral Rates From Substance Misuse Services					
For 2023/24, 100% of those who have tested positive on the initial screen should be referred for further investigation with a minimum of 80% of those successfully attending an assessment by clinical treatment services.	Produce written pathways that reflect the good practice in place currently locally and build on these pathways as new organisations become involved to ensure robust governance.	Nicola Reeve /Donna Blinston		There are good relationships and pathways in place between local substance misuse services and BBV services. All service users are offered DBST and all referrals that test positive are being seen within timescales by the BBV teams.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Baseline data report on referrals from SM services and timescales to treatment to be produced as part of data dashboard.	Lisa Fisher / Liz Walsh			
	Link with work Nicki Palmer is leading on to improving test result process for substance misuse services – ideally switching to electronic notification and on ensuring the lab system has up to date contact details for all substance misuse services.	Nicki Palmer		Nicki Palmer is a member of the HDUHB Local steering group and attends regularly.	
Action 9 – Prison Link					
Micro-elimination of Hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as: <ul style="list-style-type: none"> • 100% of the prison population being offered a hepatitis C test. • 90% of those having then been tested. 	There is no prison in our Health Board Area. However, we have good arrangements in place for prison discharge and will continue to ensure arrangements in place for prison release for those	Nicola Reeve / Lisa Fisher	Ongoing		

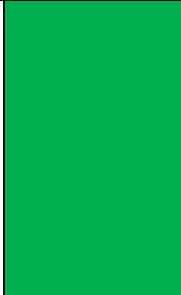
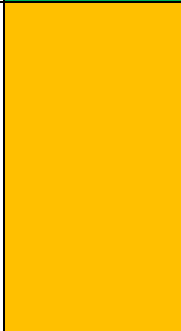
Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<ul style="list-style-type: none"> 90% of those who been diagnosed with hepatitis C having started treatment. 	receiving treatment. Baseline data to be captured as part of performance dashboard.				
	Link with National Probation to ensure maximising opportunities for NSP and testing within other Probation and criminal justice settings.	Complex Needs Manager post	2025		
	Link with national work focused on prisons, probation services and offender health. This will involve a bespoke task and finish group to consider the status of micro-elimination across Welsh prisons, testing in probation services (following the successful pilot in Swansea) and continuity of treatment/care when leaving prison settings.		2025		
Action 10 – Improve Treatment Times					
	Improve medication dispensing to increase	Nicola Reeve / Medicines	Complete	Work progressed since August 2023.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
Health boards must ensure that individuals referred for further investigation and care should be seen expediently, preferably within days and in a setting suitable to their needs with provision being made for rapid access to therapy where required.	treatment commencement times and treatment completion lengths.	Management / Hepatitis Steering Group		Polar speed now providing meds and arrive within 2 weeks	Green
	Explore models and feasibility of treatment commencement and dispensing from other settings.		2024		Yellow
All clinical staff are required to use the e-form on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored.	Being done – mandatory CNS	Nicola Reeve / Donna Blinston	Complete	Complete. HDUHB	Green
Action 11 – Increase the Number of Patients Successfully Treated for Hepatitis C					

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)																		
<p>The table below sets health boards annual minimum treatment targets for hepatitis C for 2023/24:</p> <table border="0"> <tr> <td>Health Board</td> <td>Minimum number treated per year</td> </tr> <tr> <td>Aneurin Bevan UHB</td> <td>80</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>205</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>205</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>135</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>60</td> </tr> <tr> <td>Powys Teaching Health Board</td> <td>10</td> </tr> <tr> <td>Swansea Bay UHB</td> <td>205</td> </tr> <tr> <td></td> <td>TOTAL 900</td> </tr> </table>	Health Board	Minimum number treated per year	Aneurin Bevan UHB	80	Betsi Cadwaladr UHB	205	Cardiff and Vale UHB	205	Cwm Taf Morgannwg UHB	135	Hywel Dda UHB	60	Powys Teaching Health Board	10	Swansea Bay UHB	205		TOTAL 900	<p>Baseline data and treatment numbers to be part of local performance dashboard and monitor treatment data quarterly.</p>	<p>Nicola Reeve / Donna Blinston / Lisa Fisher</p>	<p>Quarterly</p>	<p>Hepatitis steering group acknowledged the work ongoing nationally to establish robust prevalence estimates via the national group and recognised these local treatment targets may be high but will continue to work to increase treatment completion.</p>	
Health Board	Minimum number treated per year																						
Aneurin Bevan UHB	80																						
Betsi Cadwaladr UHB	205																						
Cardiff and Vale UHB	205																						
Cwm Taf Morgannwg UHB	135																						
Hywel Dda UHB	60																						
Powys Teaching Health Board	10																						
Swansea Bay UHB	205																						
	TOTAL 900																						
	<p>The success of peer support workers has been demonstrated. The benefits of a peer support network include increased reach and increased credibility, which has resulted in an increase in individuals initiating and completing therapy in certain settings. Explore peer support options locally, including use of Naloxone peers to support local treatment concordance.</p>			<p>Information on the Cardiff Hepatitis Peer Support Service delivered via Hepatitis Trust has been obtained. Discussion held at the local steering group at the cost and feasibility of this model for HDUHB. Alternative options utilising existing resources to be explored.</p>																			

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Link with the national workstream that has been established to focus on Elimination Data. Key tasks within this area include estimating the overall prevalence of hepatitis B and C in the general population and in sub-populations most at risk, in line with work underway for HIV. Public Health Wales has been commissioned to support.		Ongoing		
Action 12 – Deliver the National Re-Engagement Programme					
Health boards to ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward for testing. The expectation is that this exercise will be completed by late 2023.	Initial look back exercise was undertaken where those not known were all contacted - list of 200, of these 80 who were still positive all contacted and sent appointments. Data to be included within the local performance dashboard.	Nicola Reeve / Glenna Jones	Completed		
	Link with the national task and finish group reviewing	Glenna Jones / Nicola		Head of Nursing attends HDUHB Steering Group	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	the re-engagement programme and review any actions for local implementation.	Reeve / Geri Arthur		and health protection staff being utilised to support plan implementation and delivery.	
Action 13 – Improve Our Data					
From 1 April 2023, all data on treated patients will be gathered via the e-form, and any not entered via this system will not be counted.	E form is being used locally.	Nicola Reeve / Donna Blinston	Complete	APB has provided additional investment into Band 3 posts for fibro-scanning and they will also support data capture.	
	Performance Manager and Partnership Support Officer within the Health Improvement Team – Public Health to establish a data dashboard to support the Hepatitis elimination agenda and produce reports quarterly.	Lisa Fisher		Health Board will utilise the Performance Manager and Partnership Support Officer within Public Health - Health Improvement Team to report consistently on data to support the Hepatitis B and C elimination agenda. This will include NSP, DBST, testing, treatment and KPI information locally in one dashboard.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<p>WG are aware that there remains considerable uncertainty around the prevalence of both hepatitis C and HIV in Wales. Further evidence is required in this area so that we can truly understand the scale of the task, better understand who to target for testing and know when we have achieved our elimination aims.</p>	<p>National action. National data to be considered via the Hepatitis steering group meeting.</p>	<p>Welsh Government and PHW</p>	<p>Quarterly</p>	<p>Initial report produced by Josie Smith, lead at PHW.</p>	
<p>Public Health Wales will undertake a seroprevalence survey that aims to estimate the overall prevalence in the general population; and the prevalence in all relevant sub-populations to inform targeted testing and clinical services going forwards. The results from this survey will inform future Welsh Health Circulars.</p>	<p>Continue to link in with the National Hepatitis Group that has been established to consider epidemiology</p>	<p>Health Improvement Lead and Health Protection lead consultant within Public Health</p>		<p>Direct contact established with Health Protection team in Welsh Government and representative invited to attend future HDUHB steering group meetings.</p>	

Contributors:

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Safeguarding Strategy

DRAFT FOR APPROVAL

Policy information

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Corporate

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1

Date of Equality Impact Assessment:
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Summary of document:

To provide a clear statement of the organisational safeguarding priorities for employees and contractors to ensure that people at risk of abuse and neglect are safeguarded.

Scope:

This strategy applies to all Health Board employees and contracted services. Our workforce have a responsibility to ensure that safeguarding practice is robust, evidence based and complies with statutory requirements.

To be read in conjunction with:

[1097 – Corporate Safeguarding Policy](#) (opens in new tab)

[508 - Social Services and Well Being Act 2014](#) (opens in new tab)

[868 - All Wales Safeguarding Procedures <https://www.safeguarding.wales/>](#) (opens in new tab)

[592 - "Ask and Act" - Violence against Women, Domestic Abuse and Sexual Violence \(VAWDASV\) Policy](#) (opens in new tab)

[311 - Domestic Abuse and Sexual Violence Workplace Policy](#) (opens in new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Strategic Safeguarding Working Group

Date signed off by owning group

Executive Director job title:

Director of Nursing, Quality and Experience

Reviews and updates:

Version 1 – new document

Keywords

Safeguarding, Children at Risk, Adults at Risk

Glossary of terms

UHB - University Health Board

VAWDASV - Violence against women, domestic abuse and sexual violence

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Introduction

Safeguarding means protecting people from harm including physical, emotional, sexual, financial harm and neglect.

The Social Services and Well-being (Wales) Act 2014, the Children's Act 1989, and the Welsh Government statutory guidance on safeguarding under the 2014 Act is the legal framework for Safeguarding in Wales. The Wales Safeguarding Procedures (2019) details the processes, roles and responsibilities for practitioners to ensure they safeguard children and adults who are at risk of abuse and neglect. The procedures provide guidance for anyone working with children or adults in Wales, whether in a paid or unpaid role, in the statutory, third (voluntary) or private sector, in health, social care, education, police, justice or other services.

The Health Board has legal and statutory duties under the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 to ensure Health Board employees will be able to identify violence against women, domestic abuse and sexual violence, and be confident to ask about these issues in a private setting and to ensure an appropriate response and referral to specialist services as appropriate.

The Health and Social Care (Quality Engagement Act (Wales) Act 2020 strengthens the existing duty of quality on NHS bodies and created a duty of candour. The revised health and care quality standards set out the high-level standards that people in Wales can expect when accessing health services. They comprise six domains of quality (safe, timely, effective, efficient, equitable and person centred) supported by six quality enablers (leadership, workforce, culture, information, learning, improvement and research and whole systems approach). The introduction of the duty of quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in Safeguarding.

The Health Board strategy for a Healthier Mid and West Wales informs the UHB strategic safeguarding objectives.



Our safeguarding strategic priorities will align with the Health and Care Quality Standards (2023) and UHB strategic planning objectives.

Strategy statement

Hywel Dda University Health Board is committed to safeguarding children, young people and adults-at-risk across all services. The welfare of our populations who come into contact with our health services, either directly or indirectly, is paramount.

Scope

This strategy applies to all Health Board employees and contracted services. Our workforce have a responsibility to ensure that safeguarding practice is robust, evidence based and complies with statutory requirements.

Aim

The aim of this document is to:

- Provide a clear statement of the organisational safeguarding priorities for employees to ensure that people at risk of abuse and neglect are safeguarded.

Objectives

The aim of this document will be achieved by the following objectives:

- Mapping against the six domains of quality, supported by six quality enablers to demonstrate a system-wide way of working to provide safe, timely, effective, efficient, equitable and person-centred health care in the context of a learning culture in safeguarding.

Our Safeguarding Priorities

While Safeguarding is everybody's responsibility and all employees of the Health Board and contracted services have a responsibility to safeguard children and adults at risk of abuse or neglect; it is also a collective responsibility. We have a statutory duty to co-operate with our partners in order to safeguard people at risk of abuse or neglect.

Our priorities are set out as follows.



Safe

We will promote a culture of safety in our services and will improve prevention of abuse and neglect and early intervention responses

- ◆ People's health, safety and welfare are actively promoted and protected
- ◆ We do not ignore signs of abuse or neglect. We have a 'no wrong door' approach to safeguarding that means we will listen to all safeguarding concerns about adults and children who are at risk.
- ◆ We will promote a culture of safety where concerns can be raised across all areas of the Health Board.
- ◆ Our staff will feel psychologically safe to raise concerns and try out new ideas and approaches.
- ◆ We will support our staff to assess and analyse risk and use evidenced based assessments and pathways.
- ◆ Risks will be identified and monitored and where possible, risks to safety are reduced or prevented.
- ◆ We will support our staff to demonstrate professional curiosity, professional challenge and escalation when necessary.

Timely

We will ensure people have access to the high-quality Safeguarding advice and guidance and children and adults are safeguarded when they need protection.

- ◆ We will provide responsive and clear safeguarding information, training, supervision to support and help all our staff.
- ◆ We will provide staff with access to expert quality advice and guidance.
- ◆ We will share information legally, safely, and appropriately to keep children, young people and adults at risk safe.
- ◆ We will enable our staff to identify and respond to safeguarding concerns within time frames in line with the Wales Safeguarding Procedures.

Effective

We will promote a culture of safety in our services and contribute to measuring our safeguarding performance

- ◆ We will work with our staff to assess our effectiveness.
- ◆ We will be active and accountable members of the Regional Safeguarding Boards.
- ◆ We will demonstrate our accountability through transparent governance arrangements.
- ◆ We will work with other agencies to ensure appropriate prevention and early intervention pathways are in place.
- ◆ We will share our good practice and learning to help others improve their practice.
- ◆ We will ask for feedback and learn and improve from patient and staff safeguarding experiences.
- ◆ We will learn from local, regional and national reviews to embed best practice standards.

Efficient

We will ensure: ‘Safeguarding is Everybody’s Business’ and a collective responsibility.

- ◆ We will maximize our resources to work in partnership with our statutory partners to improve outcomes for people at risk of abuse and neglect.

- ◆ We will work with other agencies to support and develop our staff.

Equitable

We will promote the best health and wellbeing for our communities and ensure that when we work with children or adults at risk of harm, their welfare is always paramount.

- ◆ We will promote inclusive and anti-discriminatory practice to support our diverse population.
- ◆ We will treat everyone fairly, with integrity, dignity, and respect, whatever their background and beliefs.
- ◆ We will provide clear information to patients and their families when we have safeguarding concerns.
- ◆ We will involve patients in how we respond to their safeguarding concerns.

Person Centred

We will put people at the heart of everything we do and be open and honest when safeguarding concerns have arisen and take the time to explain those concerns clearly.

- ◆ We will routinely ask all our patients if they are safe if anyone is harming them and if they need our help.
- ◆ We will always listen to the voice of children and adults at risk of abuse and neglect and always seek their views.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board complies with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Nominated Director – Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience has delegated responsibility for ensuring the safeguarding of children in accordance with Section 28 of the Children Act (2004), and also holds responsibility for Safeguarding under the Social Services & Well-being (Wales) Act 2014.

Head of Safeguarding

The Head of Safeguarding will ensure that all national, regional and local policies are approved in accordance with the UHB Written Control Documentation Policy. They will ensure the provision of

mandatory safeguarding training and supervision in the UHB by the corporate safeguarding team and the availability of advice and support to UHB employees.

Senior Management

The Senior Management Team within each of the UHB Directorates have overall responsibility for implementing this strategy and providing assurance of compliance with safeguarding legislation and policy. Senior Managers must ensure the provision of services to ensure prevention of abuse, neglect and other kinds of harm and provide early intervention.

They must also ensure that team members participate positively in statutory reviews as requested, including attending learning events and that lessons learned are shared and action plans completed and reported on.

Senior managers must ensure that performance reports are completed and submitted to Service Safeguarding Delivery Groups, highlighting assurance of compliance with legislation and guidance, training standards, lessons learned and exceptions, risk and mitigation.

Department, Service or Ward Management

Department, service or ward managers are responsible for ensuring their staff have completed mandatory safeguarding training and that they are able to identify and respond to abuse and neglect. Managers must ensure staff understand their statutory duty to report and respond to incidents of non-compliance with safeguarding procedures.

They must ensure that staff are aware that their conduct both within the workplace and their personal lives could give rise to safeguarding concerns.

All Staff

All employees must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. Employees can obtain advice and support about concerns they may have from their line manager, the Safeguarding Lead or the Corporate Safeguarding Team.

Employees also have a responsibility to comply with their relevant professional Code of Conduct which will include the standards of behaviour expected outside of work.

All employees must comply with their statutory and mandatory training requirements, including Safeguarding Adults and Safeguarding Children training and VAWDASV training.

Corporate Safeguarding Team

The Corporate Safeguarding Team provide advice and support to UHB employees and provide the single point of contact for statutory partners in the safeguarding process. They provide training to ensure staff are able to meet their mandatory skills and competence in safeguarding.

References

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