



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

June 2025



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

Within the Health Board's Quality Management System, a number of assurance processes and quality improvement strategies are used to ensure high quality care is delivered to patients.

This report provides information on:

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Quality Impact Assessments
- Nursing Staffing Levels (Wales) Act 2016

Patient Safety Incident Reporting



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

There were 14,937 incidents reported on Datix Cymru in the Health Board between 1st April 2024 and 31st March 2025. Of these, 12,316 were Patient Safety Incidents.

Of the 12,316 patient safety incidents reported, 10,269 have been closed. 114 (1.1%) were closed as moderate, severe or catastrophic harm.

The top 3 incident classifications (incidents reported between 01/04/2024 and 31/03/2025 and closed as moderate, severe or catastrophic harm) were pressure damage; accident or injury; and treatment and procedure. This can be broken down further into the categories.

Pressure ulcer developed or worsened during care in this clinical care area/caseload	24
Slip, trip or fall	17
Treatment or procedure issues	13

Patient Safety Incidents by month of occurrence



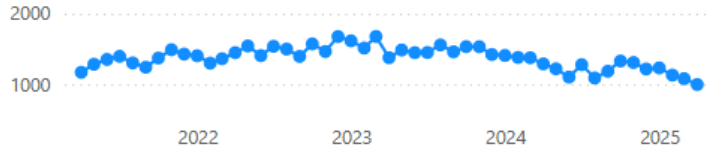
Incident Reporting: exploring the reduction in reporting

A downward trend in reporting can be seen when comparing the number of incidents reported for 2024/25 compared to the previous financial years.

The reduction is seen in incidents where the person affected is a patient or a service user. An exploration of the top classifications and categories shows that the reduction is in pressure and moisture damage incidents

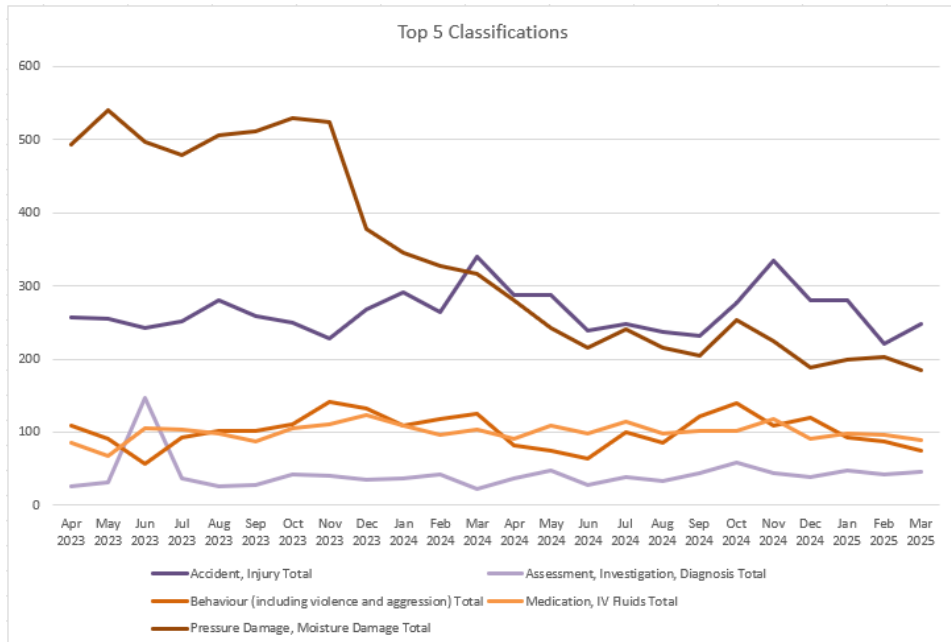


Incidents by month of occurrence



	Organisation	Patient/Service User	Public/Visitor	Staff/Contractor	Total
2021/2022	791	14077	52	1615	16535
2022/2023	893	16128	47	1589	18657
2023/2024	1021	15046	51	1707	17825
2024/2025	963	12141	58	1553	14715
Total	3675	57506	208	6482	67871

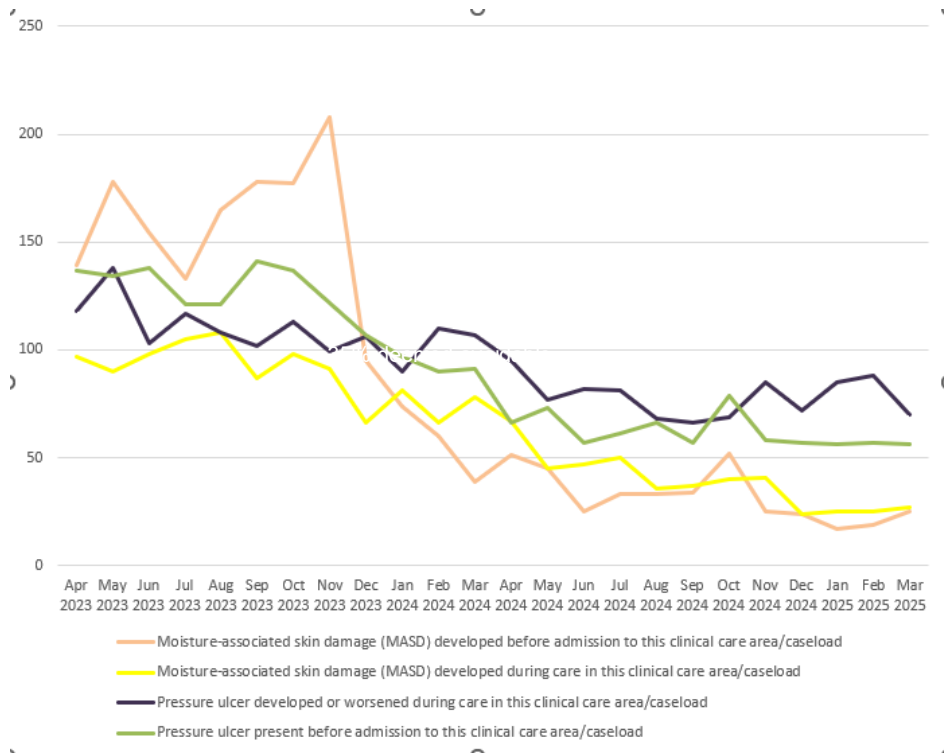
Patient Safety Incidents by month of occurrence



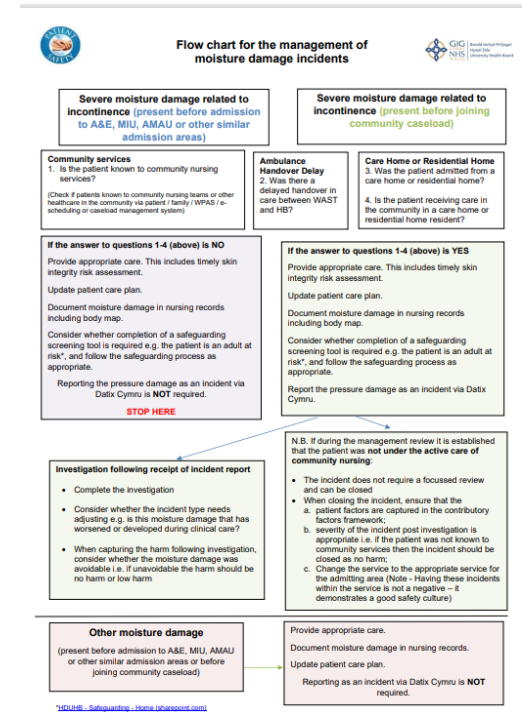
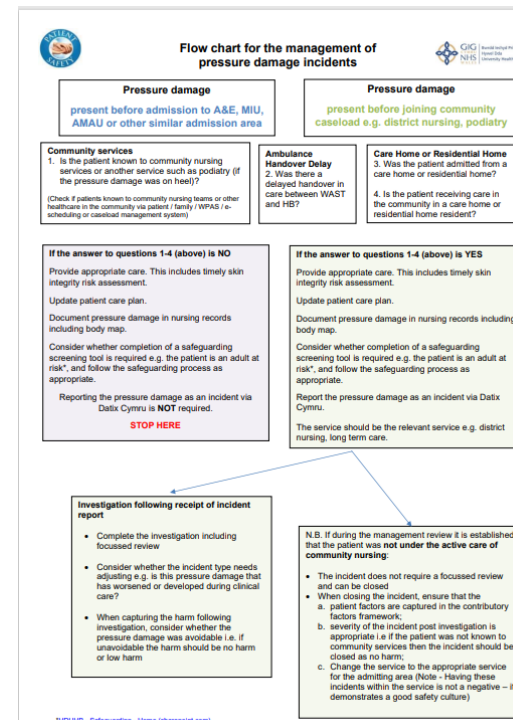
Pressure and moisture damage

The reduction is due to two pieces of targeted work:

- Removing the duplicate incidents e.g.
 - Patient admitted to Ward A – pressure damage reported.
 - Patient then moved to Ward B – pressure damage reported again by second ward
- Improve understanding about reporting of pressure damage identified on admission. A new process was rolled out Health Board wide in November 2023 which clarified the importance of clinical documentation of pressure damage on admission rather than incident reporting if the patient was not known to health services prior to admission. As part of the work the requirement for reporting of moisture damage was clarified.



Not including device related pressure damage due to low numbers reported



Incident Reporting: the picture without pressure damage incidents

Community & Integrated Medicine



Planned and Specialist Care



Mental Health and Learning Disabilities



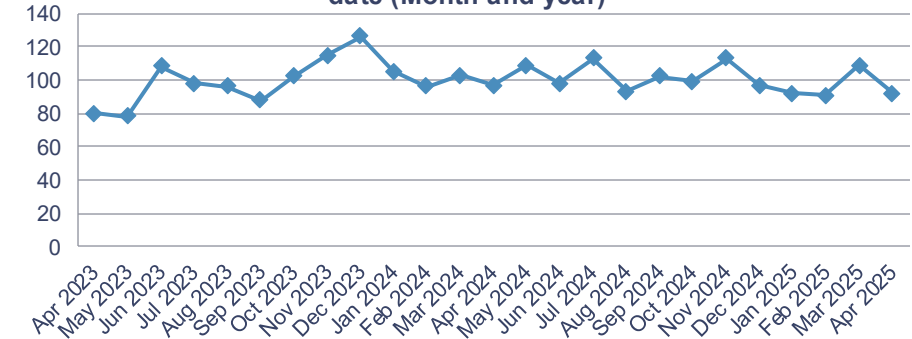
Primary Care, Community Strategy



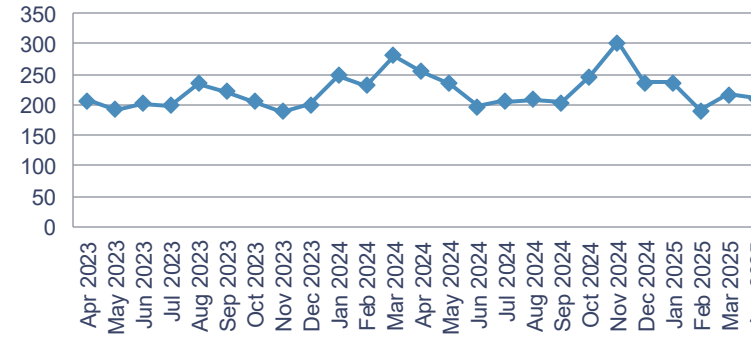
Operational Allied Health and Health Science



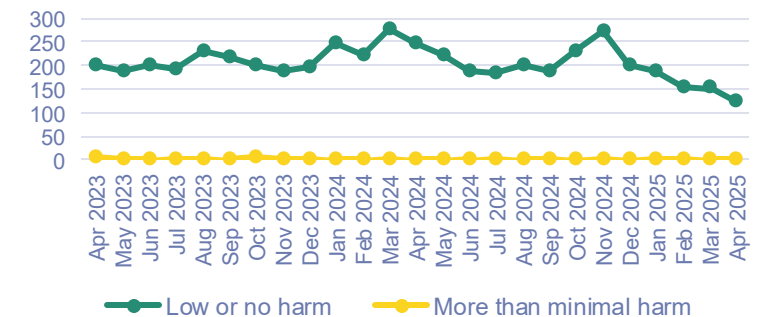
Medication related Patient Safety Incidents by Incident date (Month and year)



Patient Slips, Trips and Falls (all harm) by Incident date (Month and year)



Patient Slips, Trips and Falls by post investigation harm and incident date



*Not including pressure damage or moisture damage in view of change in reporting requirements

Incident Reporting: improving reporting

In the staff survey, within the patient safety theme, it was highlighted that:

- staff feel unsafe in reporting errors, near misses or incidents.
- there is a perception that those that do report are treated unfairly and there is little feedback after doing so.

The Quality Assurance and Safety Team are:

- Considering additional areas for inclusion in newsletters and 7-minute briefings;
- Reminding investigation managers of the importance of documenting within the relevant section in the Datix Incident Module the feedback to the reporter which shows that the time taken by the reporter is valued; and
- Working with Clinical Service Groups (where reporting levels are lower than expected) to develop trigger lists for incident reporting;
- Working with Clinical Service Groups to refocus the Scrutiny Panels to become Learning from Events Panels; and
- Working with acute hospital pharmacy colleagues to consider how medication prescription errors identified before administration (near miss incidents) can be captured as these are captured within pharmacy systems rather than in Datix Cymru

The Clinical Care Groups, Clinical Service Groups and Departments have been reminded that:

Sharing of learning and actions through Clinical Care Groups and Clinical Service Group Integrated Governance Group meetings and through department meetings is key to improving perception; and

Timely investigation and closure of incidents will assist in improving staff perception regarding feedback

The 'Speak Up' agenda will need to continue to be embedded, and the workforce educated in the importance of speaking up at micro and meso levels of culture.



Nationally Reportable Incidents

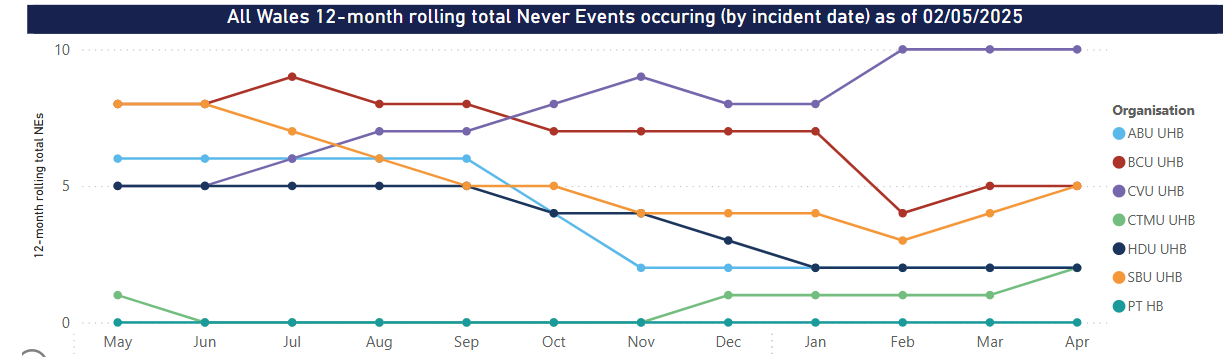
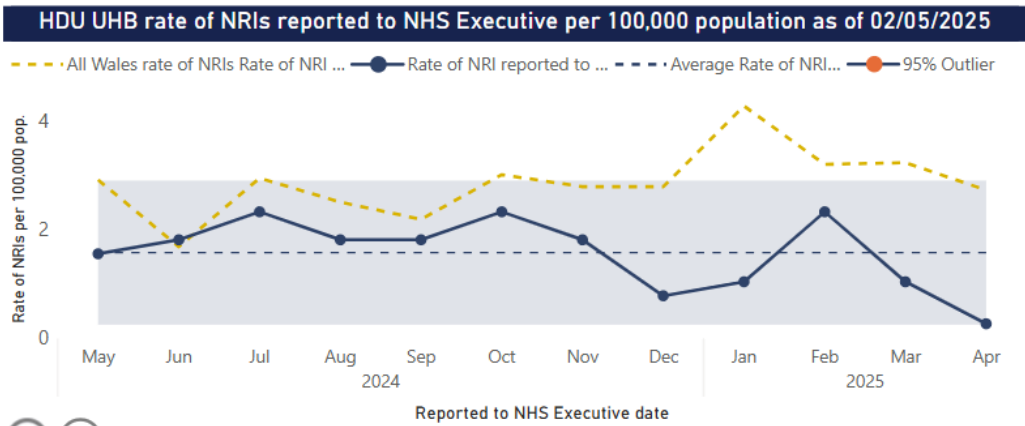


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

There were 81 Patient Safety Incidents reported to the NHS Executive between 1st April 2024 and 31st March 2025.

In May 2023, an updated [NHS Wales National Policy on Patient Safety Incident Reporting and Management](#) was published. The Policy provides clear guidance on what types of incident should be nationally reported, and how this should occur. There are 5 principles for reporting; must reports; outcome/harm; number of patients or service users involved; learning opportunities; and joint decision making around reporting and investigation



HDU UHB Never Events reported to NHS Executive (May-24 to Apr-25) as of 02/05/2025

Year	2024					2025						
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Administration of medication by the wrong route	1	0	0	0	0	0	0	0	0	0	0	0
Retained foreign object post procedure	0	0	0	1	0	0	0	0	0	0	0	0
Total	1	0	0	1	0	0	0	0	0	0	0	0

NRI category	Total
⊕ Unexpected death	14
⊕ Pressure ulcer developed or worsened during care in this clinical care area/caseload	9
⊕ Clinical assessment, clinical diagnosis	6
⊕ Neonate	4
⊕ Treatment or procedure issues	3
⊕ Healthcare Acquired Infection (community, primary care or hospital)	2
⊕ Medical devices	2
⊕ Self-harm / self-injurious behaviour	2
⊕ Administration errors	1
⊕ Assessing and recognising patient/service user deterioration	1
⊕ Communication issues	1
⊕ Maternal	1
⊕ Pressure ulcer present before admission to this clinical care area/caseload	1



The Quality Assurance and Safety Team arrange incident management groups (IMG) when severe or catastrophic harm is reported. Consideration of reporting is given during the IMG.

The team have also added an additional check in their validation of incidents closed by Clinical Care Groups

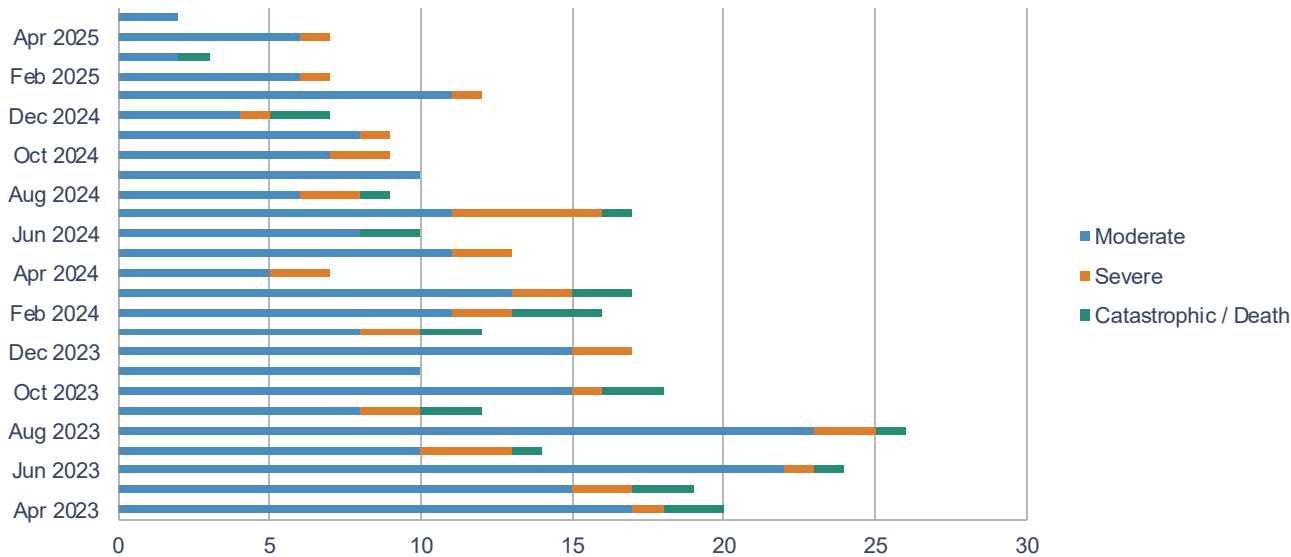
Duty of Candour



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Incidents by Incident date (Month and year) and Manager's interim harm assessment



219 incident records have been closed where duty of candour had been triggered during the manager's initial assessment.

		Harm post investigation					Total
		None	Low	Moderate	Severe	Catastrophic / Death	
Manager's interim harm assessment	Moderate	14	42	126	2	1	185
	Severe	1	6	3	10	3	23
	Catastrophic / Death	2	4	1	2	2	11
	Total	17	52	130	14	6	219

Top 3 incident classifications

Incidents occurring after 01/04/2023 where duty of candour has triggered, and investigation has been closed.

Pressure Damage, Moisture Damage	51
Pressure ulcer developed or worsened during care in this clinical care area/caseload	45
Pressure ulcer present before admission to this clinical care area/caseload	2
Pressure from medical device present before admission to this clinical care area/caseload	4
Accident, Injury	38
Slip, trip or fall	36
Patient injury	2
Maternity adverse occurrence	27
Maternity adverse occurrence - Neonate	15
Maternity adverse occurrence - Maternal	12



Learning identified:

- Importance of clear documentation and patient involvement
- Critical role of monitoring in safe prescribing including confirming monitoring has been completed before issuing repeat prescription
- Patients with capacity can refuse treatment even if the treatment is in their best interest

Service User Feedback at a Glance Feb 2025- March 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

We continue to receive many positive stories and comments about the services provided by our caring and compassionate staff. We are continually sharing and celebrating these achievements across the organisation.

All Wales People Experience Survey
1,480 service users completed the 'Your NHS Wales Experience' survey of which 10% responded with poor or very poor rating for their overall experience. Concerns related to waiting times and care provided in corridors in A&E. A higher number of service users completed the survey during this period and more were satisfied with the care received.

212 compliments were received direct to wards, departments or Corporate Office. These frequently highlight the professionalism and compassionate care provided by healthcare teams. *"Jassmin was very supportive and advocated for me as I am a breastfeeding. After 2 days in A&E/CDU with not many opportunities of privacy to feed, she ensured I was moved to an appropriate ward with privacy and open access for my baby to come and feed. This saved our breastfeeding journey which is very important to me. Thank you"*.

Complaints and enquires: 894 new cases were received into Patient Support Services. Of these, 492 were received as new complaints and 402 as enquiries. The main reasons for enquiries/early resolutions related to appointments / waiting list queries, communication inefficiencies. During the period a total of 451 complaints were closed. 180 were responded to within 5 working days through the early resolution process.



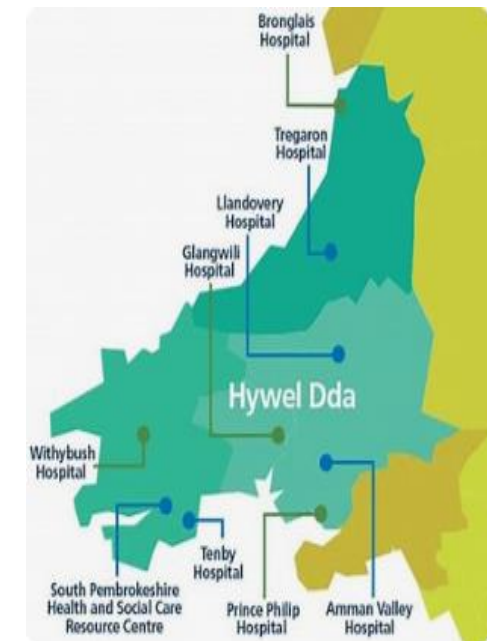
Friends and Family Test

46,343 individuals received our friends and family patient experience survey, in which 7058 responded following their attendance, representing a 15% response rate. 94.6% reported a positive experience which has improved from the previous period.

Public Services Ombudsman

There has been one new investigation and 11 decisions not to investigate. In the same period, there were 5 early resolution agreements made between the Health Board and the Ombudsman. There were also 3 final reports issued by the Ombudsman following investigations. Two of the final reports were upheld one not upheld.

1203 calls were made to the 0300 0200 159 Patient support number.



Friends and Family test

This feedback is provided by patients following a visit to one of our outpatient clinics, telephone/video call appointment or hospital admission.

Many responses did not include detailed reasons for the ratings; however feedback highlighted positive aspects such as professional and caring staff, clear explanations, and efficient service. Negative feedback mentioned issues including long waiting times, lack of communication, and inadequate facilities.

Accident and Emergency

Comments highlighted the efficiency of the service and the care provided during their visits. However, long waiting times and lack of communication are areas needing improvement.

Acute Internal Medicine

Patients praised the nursing staff for being attentive and assuring. The doctors were also commended for their thorough explanations and care, but some patients felt that the service could be more streamlined.

Adult Mental Illness

Patients and their families appreciated the care and attention provided but felt better communication was needed.

Cardiology/Gastroenterology/Gynaecology

Many appreciated the clear explanations, and the care provided during their visits. Some people were not happy with long waiting times and the need for better coordination between departments.

Ophthalmology/Pain Management/Dermatology

Positive views expressed about the care received, patients appreciated clear explanations and the thoroughness of the procedures. Waiting times were an issue, along with follow up appointments.

Physiotherapy/Respiratory Medicine

Patients were very positive about the care and professionalism of the staff. Long waiting times and the need for better coordination between departments were highlighted.

Further information can be found in the papers for the May Board meeting

<https://duhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-29-may-2025/board-agenda-and-papers-29-may-2025/11-improving-people-and-community-experience-report-pdf/>

Healthcare Acquired Infection



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Monthly Infections Report

C. difficile - April 2025

Trends

15 patients diagnosed this period

Onset

For the period Apr 25

10 Hospital onset
5 Community onset
2 COCA; 3 COHA

Carmarthenshire

For the period Apr 25

4 Hospital onset
3 Community onset

Ceredigion

For the period Apr 25

4 Hospital onset
1 Community onset

Pembrokeshire

For the period Apr 25

2 Hospital onset
1 Community onset

Monthly Infections Report

E. coli bacteraemia - April 2025

Trends

26 patients diagnosed this period

Onset

For the period Apr 25

6 Hospital onset
20 Community onset
20 COCA; 0 COHA

Source Apr 25

Urinary **13** CAUTI **2** Biliary **4** Other **1** TBC **2** Unknown **4**

Carmarthenshire

For the period Apr 25

4 Hospital onset
11 Community onset

Ceredigion

For the period Apr 25

0 Hospital onset
4 Community onset

Pembrokeshire

For the period Apr 25

2 Hospital onset
5 Community onset

Monthly Infections Report

S. aureus bacteraemia - April 2025

Trends

10 patients diagnosed this period

Onset

For the period Apr 25

3 Hospital onset
7 Community onset
4 COCA; 3 COHA

Source Apr 25

Wound **3** Line/devices **0** Other **0** Unknown **1**
1 MSK 5 TBC

Carmarthenshire

For the period Apr 25

1 Hospital onset
5 Community onset

Ceredigion

For the period Apr 25

1 Hospital onset
1 Community onset

Pembrokeshire

For the period Apr 25

1 Hospital onset
1 Community onset

Quality Planning

- Organisation Annual Plan
- Annual Infection Prevention and Control (IP&C) work plan
- Infection Prevention Strategic Steering Group (IPSSG) work plan
- Welsh Health Circulars (WHC) relating to IP&C and Public Health
- WHC Antimicrobial Resistant (AMR) & Healthcare Acquired Infection (HCAI) Improvement Goals 2024/25
- Working with the Public Health team and primary care/ community services to prevent infection in high-risk populations/ community settings

Quality Assurance

- All Clinical Care Groups (CCGs) and Clinical Service Groups (CSGs) to monitor the data on the Health Board's Safety Dashboard (and review cases)
- Review of monthly data from HARP with internal health board analysis and scrutiny
- [Asceptic Non Touch Technique \(ANTT\)](#) 80.6% compliance with health board critical care and other inpatient areas seeking accreditation
- Level 1 mandatory training at 86.5% compliance. Level 2 mandatory training at 74.1%
- Deep cleaning and hydrogen peroxide vapour (HPV) for PPH on all wards continues
- Refurbishment of Derwen Ward GGH continues (increased rate of VIM Pseudomonas prior to refurbishment)
- Work has commenced on review of community onset infections- working with managed practices and analysis of HCAs

Quality Control

- Standardisation of assurance/ scrutiny groups in progress
- Reports from CCG / Subgroups of IPSSG
- Review of health board's IPC policies
- Self-assessment against C.diff Framework for Wales and attendance at Wales C. diff Focus Forum Meeting.
- Review of data sets against TI reduction expectations- disseminated to all services and use of safety dashboards
- Review by AMG and antibiotic pharmacists of compliance to SSTF for each acute site

Quality Improvement

- Scrutiny meetings held-all hospital onset/ HCAI are discussed and learning obtained/ action plans implemented, themes derived
- Working with managed practices- presenting infographics for infections/ sources/ learning
- Environmental audit programme re-established for high risk areas. Working with clinical audit team to establish this on AMat
- Observational audits conducted and action plans produced
- Review of Synbiotix scores in relation to IPC audit programme
- Trail of HPV machines in GGH/ BGH
- Deep clean and HPV of PPH linked to C.diff clusters
- Capital bids successful for SESN 24/18 - Welsh Government (Capital, Estates & Facilities) Targeted ESTATES FUND in relation to supporting IPC and cleaning using new technologies- purchasing of equipment in planning stage

Health Inspectorate Wales (HIW) / Care Inspectorate Wales) CIW / Human Tissue Authority (HTA) inspection activity: 01/02/2025 – 20/05/2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

There has been 1 inspection (Maternity Glangwili 13th and 14th May 2025) but no new reports published by HIW or the HTA relating to the Health Board in the period 1st February to 20th May 2025.

The feedback from the Maternity Glangwili inspection was mostly positive, with no immediate actions arising. The Health Board awaits the draft report in due course.

The Health Board have received the following letters from HIW requesting assurance :

Date of letter	HIW ref	Matter
16/01/2025	12474	Emergency Department staffing, GGH
30/01/2025	12589	Ceredig Ward, BGH – care of patient
14/02/2025	12702	Cwm Seren – care of patient
14/02/2025	12734	Staff behaviour in Radiology, GGH
25/02/2025	12858	Theatre Department staffing, GGH
18/03/2025	12994	PPH Bryngolau – care of patient
20/03/2025	12997	Ward 12 staffing, WGH

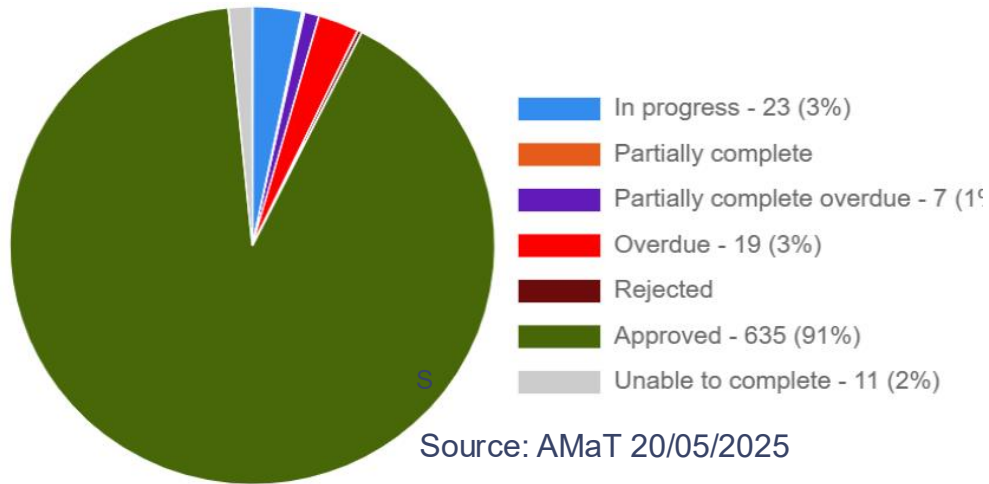
Date of letter	HIW ref	Matter
11/04/2025	13271	Paediatric Medical Workforce
12/04/2025	13272	Mental health services provision in north Ceredigion
12/04/2025	13274	Member of staff St Nons Ward, Bro Cerwyn
30/04/2025	13391	Critical care provision in Carmarthenshire
02/05/2025	13274	Member of staff St Nons Ward, Bro Cerwyn - additional query
20/05/2025	13271	Paediatric Medical Workforce – request for update regarding recruitment progress
	13272	Mental health services provision in north Ceredigion –
	13274	request for further information
		St Non's Ward – request for update

Clinical Care Groups are expected to monitor open HIW reports through the Information Governance Groups (IGGs) until closure of action plan is confirmed. Clinical Service Groups are actively supported to utilise Audit Management and Tracking System (AMaT) and supported and engaged during an inspection to develop a SMART action plans within a realistic timeframe. HIW expect an update to all action plans on a 3 monthly basis until completion.

In the letters from HIW requesting assurance on specific matters, HIW set a date (not later than) for when the LHB response must be received. The Corporate Team request the draft response from the CCG two days ahead of the deadline to allow for Executive review and approvals.

HIW Quality Checks/Inspections: Reviews and inspections

Improvement Actions relating to HIW reviews



In comparison to the position in February 2024, there has been improvement in closure of actions.

	Position Feb 2024	Position as at 20 May 2025
Overdue	51	19
Partially complete (overdue)	17	7
Partially complete	1	1
In progress	119	23

See appendix for list of overdue actions

Open HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
7	91/146 (62%)	1/1 (100%)	0	0	23	1	7	19	5	0	2	143

Completed HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
27	248/248 (100%)	18/18 (100%)	0	0	0	0	0	0	6	0	0	492

HIW Quality Checks/Inspections: Open reviews and inspections

Code	Title	Type	Date of inspection	Origin	Recommendations	Action
Healthcare Inspectorate Wales (HIW)/2024/395	Bryngolau Ward, Prince Philip Hospital	New	02/09/2024	Healthcare Inspectorate Wales (HIW)	40	51
Healthcare Inspectorate Wales (HIW)/2024/396	HIW Children and Young People Mental Health Review	New	05/02/2024	Healthcare Inspectorate Wales (HIW)	9	23
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	36
Healthcare Inspectorate Wales (HIW)/2024/302	HIW Glangwili Hospital – Morlais Ward inspection	New	01/07/2024	Healthcare Inspectorate Wales (HIW)	9	18
Healthcare Inspectorate Wales (HIW)/2023/29	HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	New	07/03/2023	Healthcare Inspectorate Wales (HIW)	40	33
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	New	31/01/2024	Healthcare Inspectorate Wales (HIW)	9	14
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	25

HIW Operation Plan 2025/06

HIW have launched their [Operational Plan 2025-2026](#).

The 2025–2026 Operational Plan builds on the strong foundations of their existing [Strategy](#), which they have extended by one year. Over the coming year, they will continue to focus on key priorities that help them achieve their goal of improving healthcare for everyone in Wales.

This plan outlines how HIW aims to achieve their strategic objectives. They have committed to:

1. focus on the quality of healthcare provided to people and communities as they access, use and move between services.
2. adapt our approach to ensure we are responsive to emerging risks to patient safety
3. work collaboratively to drive system and service improvement within healthcare.
4. support and develop our workforce to enable them, and the organisation, to deliver our priorities.

HIW have stated that they will continue to take a balanced, risk-based approach to their work, prioritising areas where patient safety is most at risk. Their inspection and assurance programme will remain flexible and responsive, ensuring that they check the right services, in the right place, at the right time. They have stated that they will continue to deliver our statutory responsibilities, including their work under the Mental Health Act, the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), and independent healthcare regulations.





Peer reviews may be undertaken by professional bodies such as the networks within the NHS Wales Executive, the Royal College of Physicians, and the Royal College of Nursing.

There has been one peer review since the last report to QSEC. Representatives from the Royal College of Nursing visited the Emergency Departments in Bronglais General Hospital, Glangwili General Hospital and Withybush General Hospital to undertake a workplace inspection. The report of the findings was received on 16th April and an action plan is being developed. The actions will be recorded on AMaT and implementation monitored through the Community and Integrated Medicine Clinical Care Group Integrated Governance meeting.

Quality Impact Assessment



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

The Quality Impact Assessment Panel has met on 5 occasions since the last report to QSEC in December 2025. The following Quality Impact Assessments have been considered:

- Agency / locum staff usage within:
 - Dietetics
 - Physiotherapy
 - EUCC BGH
 - Surgical junior doctor rota in WGH
 - Surgical speciality doctor rota in WGH
 - Consultant cover in general surgery at WGH and GGH
- Savings Plans
 - Dietetics
 - Occupational therapy
 - Physiotherapy
 - Speech and Language Therapy
 - Podiatry
 - Cancer therapy service
- Podiatry vascular service initiative
- Adferiaid funded Long COVID, ME and chronic fatigue syndrome service
- Podiatry - location for service provision in north Ceredigion
- Audiology PIFU follow up
- Audiology advance practitioner
- Audiology associate practitioner
- Hydrotherapy Pentre Awel
- Biomedical Science in BGH
- Respiratory and sleep service
- HEIW policy on transcription of medication
- Physiotherapy referral for imaging
- GP referral pathway for Mental Health assessments in north Ceredigion
- Childrens Autism Spectrum Disorder service – pilot of rapid referral pathway
- National joint registry - data collection
- National Audit of inpatient falls – data collection expansion
- National hip fracture audit – data collection
- Redirection policy



Nurse Staffing Levels (Wales) Act 2016:

extent to which the Nurse Staffing Levels have been maintained within S25B wards



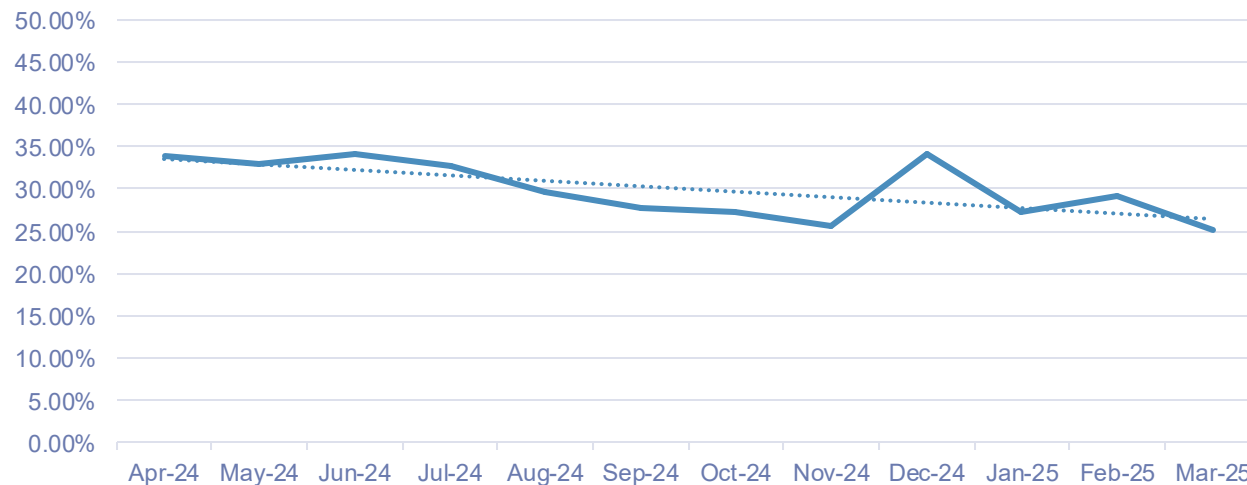
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

For the period 6th April 2024 to the 5th April 2025 the extent to which the planned roster has been maintained within S25B adult medical and surgical wards is set out below – the data reflects a point in time on the shift and may not be representative of the whole shift)

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
		%	Count	%	Count	%	Count	%	Count		%	Count	%	Count
ADULT	38370	45.84%	17589	19.04%	7306	19.47%	7471	8.39%	3220	92.74%	5.00%	1917	2.25%	865

Percentage of shifts deemed to be not appropriate (Adult)



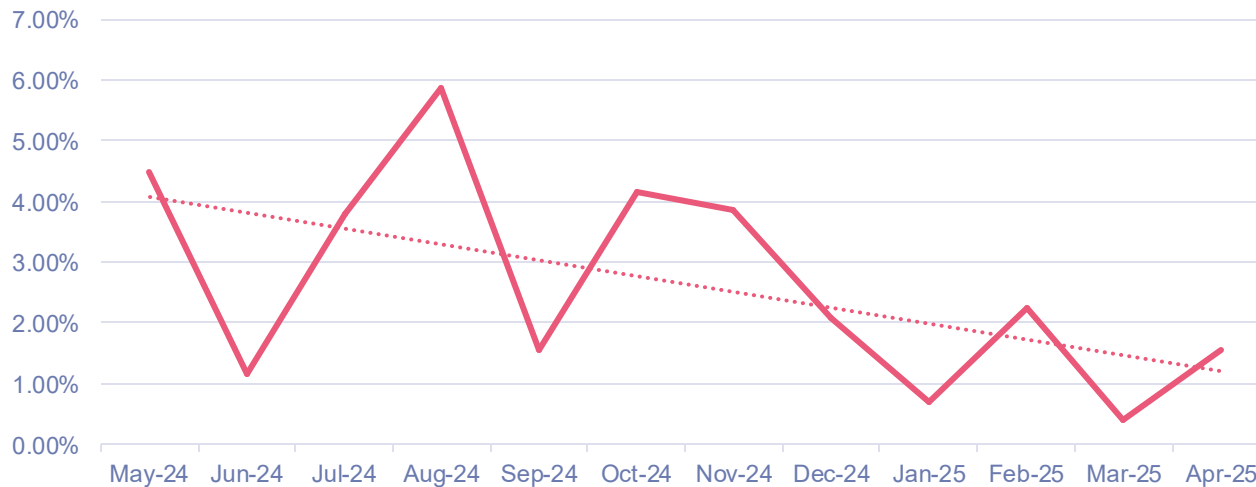
Appropriate/Not Appropriate: the data shows that there is an average of 29.75% of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the ward at the time irrespective of whether the roster was met or not met (a low of 25.03% in March 2025 to a high of 34.18% in December 2024).

Nurse Staffing Levels (Wales) Act 2016: extent to which the Nurse Staffing Levels have been maintained within S25B wards

For the period 6th April 2024 to the 5th April 2025 the extent to which the planned roster has been maintained within S25B Paediatric wards is set out below – the data reflects a point in time on the shift and may not be representative of the whole shift)

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
		%	Count	%	Count	%	Count	%	Count		%	Count	%	Count
TOTAL	3282	55.27%	1814	1.25%	41	39.09%	1283	1.43%	47	97.04%	1.25%	41	1.68%	55

Percentage of shifts deemed to be not appropriate (Paeds)



Appropriate/Not Appropriate: the data shows that there is an average of 2.68% of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the paediatric wards at the time irrespective of whether the roster was met or not met (0.40% in March 2025 to 5.86% in August 2024). The number of shifts ranges from a low of one March 2025) to a high of 17 in August 2024).

Nurse Staffing Levels (Wales) Act 2016:

extent to which the Nurse Staffing Levels have been maintained within S25B wards

Analysis of the narrative:

- The inability to secure additional staff to care for high acuity patients or patients requiring enhanced patient support are the main reasons why the number of staff on duty is deemed to be not appropriate. There are systems in place whereby risk assessments are undertaken, taking into consideration patients' needs (acuity) versus the available staff (both substantive and temporary), staff's knowledge and team. Work is ongoing to review how patients requiring enhanced patients support are managed and cared for. An All Wales enhanced patient care risk assessment is being developed and is awaiting Executive Directors of Nursing Peer Group sign off before being implemented within the HB.
- The inability to secure additional staff when the ward is using surged beds is also a reason the number of staff on duty is deemed to be not appropriate.
- Staff's understanding of professional judgement is variable and novice and less experienced RNs often make different professional judgment decisions than more experienced staff. Education and training are available to new users and to those requiring updates.

Actions being taken:

- Staff can raise a 'red flag' in the event of the number of nurses on duty not being appropriate to meet the needs of the patients on the ward at that time and evidence what actions were taken. Further work is required to embed the practice of raising a 'red flag' for these situations and suite of training sessions developed around Safecare includes a session on 'red flags.'
- All reasonable steps" are taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed adult ward operational guidance document. Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board's overarching duty of "providing sufficient nurses to allow the nurses time to care for patients sensitively."



The Quality, Safety and Experience Committee (QSEC) is asked to note the contents of this report.

The Quality, Safety and Experience Committee is asked to take assurance that processes are in place to review, monitor and improve the quality of our service through:

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Quality Impact Assessments
- Nursing Staffing Levels (Wales) Act 2016



Collation of report: Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding

Sections:

1. Patient Safety Incident Reporting – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
2. Nationally reportable incidents – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
3. Duty of Candour – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
4. Patient experience and patient feedback – Louise O'Connor, Assistant Director for Legal Services and Patient Experience
5. Infection Prevention and Control – Rebecca Richards, Head of Infection Prevention and Control
6. Healthcare Inspectorate Wales and other peer reviews – Caroline Burgin, Patient Safety and Assurance Manager and Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
7. Quality Impact Assessments - Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
7. Nurse Staffing Levels (Wales) Act 2016 – Helen Humphries, Head of Nursing for Professional Standards and Regulation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



The Duty of Candour

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



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

HIW Overdue Actions
As at 27/05/2025

Inspection Title	Recommendation	Reference Number	Action	Service	Original Due Date	Current Due Date	Progress Status
Bryngolau Ward, Prince Philip Hospital	The health board must ensure patients are provided with relevant, up-to-date and accessible information to support their care.	Healthcare Inspectorate Wales (HIW)/2024/395/MD6/1	Review information on display and its accessibility and assure the following information points are present and accessible: <ul style="list-style-type: none"> • Advocacy Services and contact details • Role of HIW and contact details • Mental Health Act information • MHA name and contact • Available and appropriate legal representatives for detained patients (list in office) • How to raise a concern or complaint (putting things right) • QR Code Patient Satisfaction • Infection Board: staff images, role, uniform and name. 	Mental Health and Learning Disabilities	31/01/2025	31/01/2025	Partially complete (Overdue)
Bryngolau Ward, Prince Philip Hospital	The health board should consider the staff feedback about suggestions for training and implement regular, individualised training needs assessments.	Healthcare Inspectorate Wales (HIW)/2024/395/MD33/1	Develop and deliver bespoke Older Adult Mental Health Clinical Risk training specifically around self-harm and suicidality, to all OAMH Wards.	Mental Health and Learning Disabilities	31/03/2025	31/03/2025	Partially complete (Overdue)
HIW GGH IRMER Inspection (Nov 2022)	The employer is required to provide HIW with details of the action taken to improve the ratification process for locally produced documentation so that information does not conflict with the employer's written procedure	Healthcare Inspectorate Wales (HIW)/2022/19/MD15/2	To source a document control system.	Radiology	30/09/2023	30/09/2023	Overdue
HIW Glangwili Hospital – Morlais Ward inspection	The health board must ensure that the outstanding actions identified following the fire safety audit in February 2024 are completed and sustained.	Healthcare Inspectorate Wales (HIW)/2024/302/MD6/1	To review the recommendations from the fire safety audit and agree an implementation plan.	Estates	31/12/2024	31/12/2024	Partially complete (Overdue)
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/1	a) Develop of standards for physical health screening to be incorporated into Service Specifications.	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	Partially complete (Overdue)
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure the inpatient ward round structure and arrangements in place allow for sufficient time for patients to be adequately discussed.	Healthcare Inspectorate Wales (HIW)/2023/29/MD6/1	e) Produce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	Overdue
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must ensure that all relevant staff complete training for timely and effective communication and information sharing relating to the patient discharge process.	Healthcare Inspectorate Wales (HIW)/2023/29/MD8/1	h) Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	Mental Health and Learning Disabilities	31/10/2023	31/10/2023	Overdue
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/3	p) Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	Mental Health and Learning Disabilities	30/11/2023	30/11/2023	Overdue

HIW Overdue Actions
As at 27/05/2025

Inspection Title	Recommendation	Reference Number	Action	Service	Original Due Date	Current Due Date	Progress Status
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4	q)Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must provide HIW with an update on how it is assured that community teams within its mental health services have sufficient capacity to meet their patient caseloads.	Healthcare Inspectorate Wales (HIW)/2023/29/MD26/2	s)Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	Mental Health and Learning Disabilities	30/09/2023	30/09/2023	Overdue
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board must consider undertaking a training needs analysis for inpatient and community mental health staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	Healthcare Inspectorate Wales (HIW)/2023/29/MD32/1	u)Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	Mental Health and Learning Disabilities	30/11/2023	30/11/2023	Overdue
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board should ensure there is adequate and consistent engagement with all staff around the audit arrangements in place across its mental health services, and that staff are made aware of all audit result and any actions required for improvement.	Healthcare Inspectorate Wales (HIW)/2023/29/MD34/1	w)Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements to include:- -Testing assurance of consistent implementation of CAT and Physical Health Screening	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Partially complete (Overdue)
HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	The health board should ensure there is adequate and consistent engagement with all staff around the audit arrangements in place across its mental health services, and that staff are made aware of all audit result and any actions required for improvement.	Healthcare Inspectorate Wales (HIW)/2023/29/MD34/2	x)Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	Overdue
HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	The Employer is required to provide HIW with details of action taken to ensure that all written documentation in place include the required level of detail as set out within the employer's procedure for Quality Assurance programme document control.	Healthcare Inspectorate Wales (HIW)/2024/86/MD4/1	1. A document control system needs to be sourced	Radiology	31/12/2024	31/12/2024	Overdue
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The Health Board must address the environmental issues and resolve them in a prompt and timely manner: 1) Mould and poor ventilation in both laundry rooms 2) Glass window cracked in St Non's leading into the courtyard requires replacing; 3) Sluice macerator on both wards needs to be fixed or replaced as both currently not working , 4) Occupational therapy room needs to be decluttered and tidied up and not used as a storage room; 5) Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated; 6) Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group; 7) Thermostats covers in some patient rooms on St Non are missing and need replacing.	Healthcare Inspectorate Wales (HIW)/2023/69/MD10/4	Handrails are in place in courtyard and corridors on st Non Ward. Review of handrail needs in bedrooms and bathrooms and how these can be addressed	Estates	31/01/2024	31/01/2024	Partially complete (Overdue)
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that safe holds are described in detail and that patient observations are recorded post any restraint or medical intervention in patient notes	Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1	To undertake a Directorate wide audit of Rapid Tranquillisation against standards for physical health monitoring within the Health Boards Rapid Tranquillisation Policy.	Mental Health and Learning Disabilities	31/03/2024	31/03/2024	Overdue

HIW Overdue Actions
As at 27/05/2025

Inspection Title	Recommendation	Reference Number	Action	Service	Original Due Date	Current Due Date	Progress Status
IRMER Regulations	Software delivering an exposure, controlling or influencing the extent of an exposure directly assisting in the clinical evaluation of an exposure must be included on the radiation equipment inventory.	Healthcare Inspectorate Wales (HIW)/2024/498/MD1/1	Software must be added to the radiation equipment inventory	Radiology	09/05/2025	09/05/2025	Overdue
IRMER Regulations	Interventional procedures are now explicitly listed in 12 (3)(c)	Healthcare Inspectorate Wales (HIW)/2024/498/MD5/1	Clarify the diagnostic reference levels apply to interventional procedures	Radiology	09/05/2025	09/05/2025	Overdue
IRMER Regulations	Employer's procedure to cover required action on audit findings	Healthcare Inspectorate Wales (HIW)/2024/498/MD7/1	Clinical Audits must be undertaken and their findings acted upon	Radiology	09/05/2025	09/05/2025	Overdue