



**IS-BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 June 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Community and Integrated Medicine Clinical Care Group Quality Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Skitt – Community and Integrated Medicine Care Group Director Anna Chiffi – Assistant Director of Nursing

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

This report details the quality governance arrangements within the Community and Integrated Medicine Clinical Care Group in relation to quality, safety and patient experience. It sets out achievements, progress and planned actions to meet our Duty of Quality, and is presented to the Quality, Safety and Experience Committee to provide assurance on the arrangements in place.

Community & Integrated Medicine continues to operate within a highly complex and pressurised environment, characterised by sustained workforce challenges, increased demand across both acute and community settings, and ongoing flow constraints. As a result, the Clinical Care Group remains at Level 3 governance escalation, reflecting the need for enhanced organisational oversight and support.

Whilst governance frameworks are embedded and functioning, there remain significant pressures affecting delivery. These are most evident in relation to incident and complaint backlogs, compliance with audit and national standards, and the resilience of clinical pathways.

In addition, whole-system flow challenges are increasingly influencing the quality and safety of care delivery, including the use of non-designated clinical areas to manage capacity pressures.

The overall position is therefore one of a Clinical Care Group with established governance processes but experiencing operational strain, with continued focus required to strengthen delivery, compliance, and patient outcomes.

Cefndir / Background

Community & Integrated Medicine encompasses a wide portfolio of services across acute, community and primary care settings, delivering care across Pembrokeshire, Carmarthenshire and Ceredigion systems. Governance is delivered through a structured framework of Clinical

Care Group, system and service-level quality and safety arrangements, bringing together intelligence from incidents, complaints, audit, infection prevention, safeguarding and patient experience.

The Clinical Care Group operates in line with the statutory requirements of the Duty of Quality (2023), with a clear focus on embedding quality across all aspects of care delivery. A key component of this approach is the Clinical Care Group's commitment to a learning culture, with a particular emphasis on the systematic identification and analysis of thematic trends across incidents, complaints and audit findings, ensuring that learning is triangulated, shared effectively, and translated into measurable service improvement.

Whilst governance maturity has developed significantly, the scale of operational pressures continues to impact the ability to achieve consistent compliance and sustained improvement across all domains.



## Asesiad / Assessment

### Quality Assurance

The Clinical Care Group Quality Governance meetings are planned every month, and are well represented by medical, nursing and managerial staff across all Service Groups, as well as other multi-disciplinary colleagues from across the Health Board, all of which take an active part in the meetings and shape the overall agenda.

Each Service Group holds monthly Quality and Safety meetings, and further work is underway to strengthen this structure and reporting to the Clinical Care Group Quality Governance meeting.

This assessment has been undertaken within the context of the Health Board's Quality Management System, drawing on a triangulated range of intelligence including incidents, complaints, audit, risk and patient experience. The Clinical Care Group's approach reflects the core components of quality management, including quality planning (through defined governance structures and improvement priorities), quality control (via monitoring of key standards, performance and compliance), quality improvement (through targeted programmes and service redesign), and quality assurance (through oversight, reporting and escalation mechanisms). The assessment is structured against the STEEEP domains to provide a comprehensive and balanced view of care delivery, recognising that quality is multidimensional and interdependent. It therefore considers both current performance and the robustness of the systems in place to identify, manage and mitigate risk, with a particular focus on how effectively the Clinical Care Group is translating intelligence into sustained improvement and demonstrable impact.

## Safe Care

The Clinical Care Group continues to experience a number of significant patient safety risks, largely driven by workforce fragility, service pressures and challenges in pathway resilience. The Non-Invasive Ventilation pathway at Withybush Hospital remains a key concern, with identified risks relating to unclear clinical ownership and variation in adherence to agreed pathways.

Incident management continues to present a challenge, with high volumes of open incidents and delays in investigation and closure limiting the ability to demonstrate timely organisational learning. Infection prevention risks remain, particularly in relation to delayed review processes and environmental factors. The table below gives a thematic overview of the open incidents within the care group.

### Thematic Overview of open incidents across the care group:



Encouragingly, there has been sustained progress in reducing the volume of aged incidents, with those open greater than 60 days reducing from 2050 in February to 1772 in April 2026, and incidents open greater than 120 days reducing from 1533 to 1369 over the same period. This demonstrates a clear and focused progress across systems to address historical backlogs, supported by strengthened oversight and targeted trajectories. Whilst this improvement reflects positive momentum and increased organisational grip, the residual volume remains significant and continues to impact the timeliness of learning and assurance. Continued focus is therefore required to sustain this trajectory, further reduce backlog volumes, and ensure that improvements are translated into timely investigation, closure and embedded learning. This is represented in the table below.

### Reduction in Incident Backlog and Ongoing Position

Topic	Measure	Feb 26	Mar 26	Apr 26	Trend (Apr 22 - Apr 26)
Incidents	Incidents open >60 days	2050	1823	1772	
	Incidents open >120 days	1533	1402	1369	
	Patient safety incidents closed with moderate or above harm	6	23	10	

This improvement has been achieved through targeted actions including weekly incident trajectory reviews at system and Clinical Care Group level, strengthened oversight through Quality Governance meetings, and the introduction of focused review sessions to support timely closure. These actions have improved organisational grip and accountability; however, the residual backlog continues to pose a risk to timely learning and assurance, and further trajectory improvement is required.

**Boarding and care within non-designated clinical areas:** A further and increasingly significant safety concern relates to the use of boarding and care within non-designated clinical areas, arising from system-wide capacity and flow constraints.

Patients continue to be cared for in escalation areas, corridor spaces or environments not designed for their clinical needs. This presents a heightened risk to patient safety, including reduced visibility for monitoring, challenges in maintaining appropriate staffing levels, delays in clinical decision-making, and limitations in infection prevention and control.

These environments are not configured to support the safe management of patients with complex or acute conditions and often require staff to adapt care delivery in ways that increase clinical risk. There is also potential for deterioration in patient condition to be identified later than expected due to environmental constraints.

This risk profile is increasingly reflected within incident reporting and patient experience feedback. Incidents associated with care in non-designated areas frequently cite factors such as reduced observation capability, delays in escalation of care, communication challenges, and environmental limitations impacting safe delivery of care. In parallel, complaints and concerns raised by patients and families often highlight issues relating to dignity, privacy, and overall patient experience, particularly where care is delivered in corridor spaces or areas not designed for inpatient care.

The graph shows the current profile of open incidents attributed to Urgent and Emergency Care (UEC). This is used as the baseline to track progress, supported by a monthly run chart of total open incidents and key themes to evidence trajectory and control. Risk assessment is used operationally alongside escalation and flow controls to mitigate known risks, particularly where congestion and boarding increases. Handover, 45 reporting evidences improved handover performance, with acknowledged displacement of pressure into surge and boarding; therefore tracking access alongside safety balancing measures (UEC incidents and harm themes) to demonstrate whether improved access is being achieved without unacceptable harm, is required.

## Open incidents attributed to urgent and emergency care settings



Whilst escalation processes are in place and actively managed, the sustained reliance on non-designated areas indicates underlying system pressure and represents a significant safety and governance concern. The emerging themes from incidents and complaints further reinforce the impact on patient safety and experience, and underline the need for continued organisational focus, mitigation, and system-level action to reduce reliance on such environments.

### Actions and risk management:

The risks associated with boarding and care in non-designated areas are actively managed through the Health Board's escalation framework, with daily operational command structures reviewing capacity, risk and patient placement decisions. Risk assessment is embedded within these processes, with clinical teams undertaking dynamic risk assessments to inform patient allocation, observation requirements and escalation thresholds.

Targeted system actions are in place to reduce reliance on escalation spaces, including:

- Progression of system flow initiatives (including streaming and assessment models)
- Strengthened discharge coordination and oversight of Delayed Pathways of Care (DPOC)
- Increased senior clinical decision-making at the front door

These actions are monitored through daily operational calls, system escalation reviews and Clinical Care Group governance structures, ensuring that risks are both visible and actively managed.

**Impact:**

Whilst reliance on non-designated areas remains, there is early evidence of improved system flow indicators (including ambulance handover performance as outlined below), demonstrating a positive trajectory. However, this has not yet translated into a sustained reduction in boarding, and the risk profile remains significant. Continued system focus is required to deliver measurable reduction and to ensure improvements are sustained.

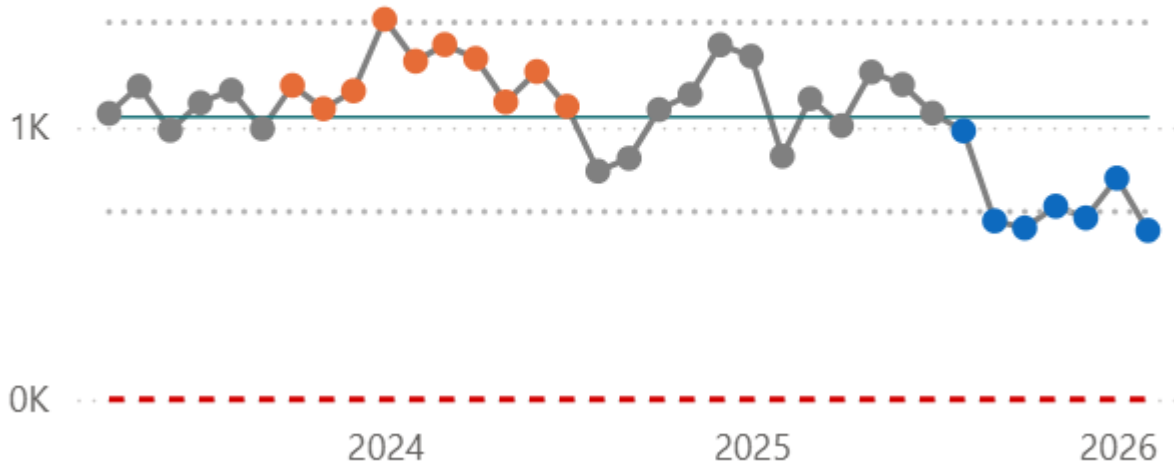
**Timely**

Timeliness of care delivery remains variable across the Clinical Care Group, with delays evident in key processes including incident management and complaints handling. A significant proportion of complaints exceed required response times, and delays in incident investigation impact the timeliness of learning and improvement.

System flow challenges are also contributing to delays in care delivery. Corridor care, patient boarding and service capacity constraints create inefficiencies in patient movement and contribute to delays in assessment, treatment and discharge. Boarding in non-designated areas further exacerbates these issues, as patients may be reviewed later than required or experience fragmented care coordination due to unclear clinical ownership.

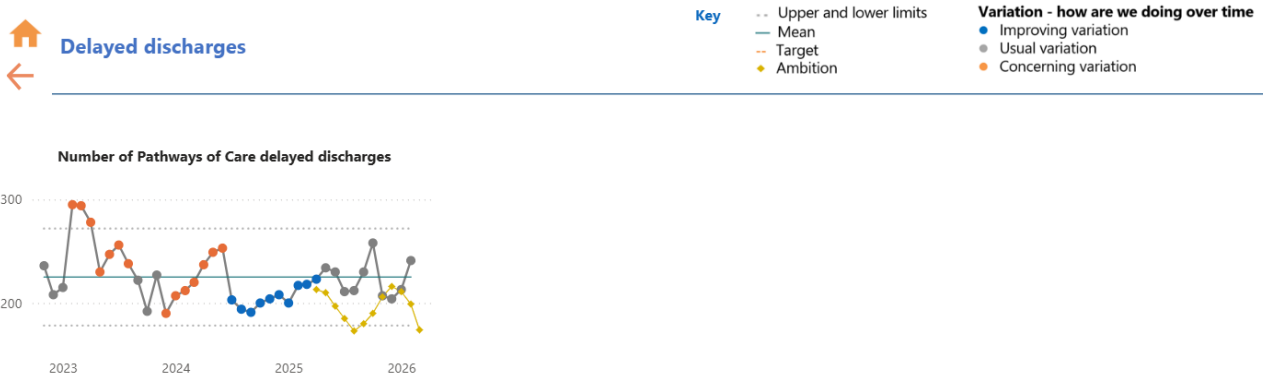
Actions are in place to improve timeliness, including implementation of the “Listening to People” framework and strengthened monitoring of complaint and incident performance. However, system pressures continue to impact the ability to deliver timely care consistently.

**Number of ambulance handovers more than 45 minutes - HDUHB**



Performance in relation to 45-minute handover has remained consistently high, reflecting sustained system pressure. More recently, there is a clear improvement, with delays reducing indicating a positive trajectory from system actions. However, performance remains above expected levels, and continued focus is required to sustain and embed improvement. The reduction in ambulance handover delays indicates an improvement in system responsiveness and access at the front door. However, this improvement must be considered within the wider system context. Whilst access has improved, there remains a displacement of risk into the hospital setting, particularly through increased boarding and use of non-designated care areas.

Analysis of incident themes and patient experience feedback indicates that improvements in handover timeliness have not yet translated into a proportional improvement in overall patient safety and experience, reflecting ongoing constraints in downstream flow and capacity. This reinforces the need for whole-system actions to ensure that gains in access are matched by improvements across the patient pathway.



DPOC continue to demonstrate variability, with early improvements not sustained. Performance remains inconsistent against ambition, reflecting our ongoing system pressures, particularly within community capacity and discharge pathways. However, there is clear system focus and oversight in place, with discharge processes, escalation, and pathway management actively monitored, providing assurance that risks are understood and actions are being taken. Overall, variability remains the key challenge, with further work required to achieve sustained improvement.

## Effective and Efficient Care

There is ongoing evidence of quality improvement activity across the Clinical Care Group, including implementation of programmes aimed at improving patient outcomes and strengthening governance arrangements. However, effectiveness is impacted by the position of the clinical audit programme, with a number of audits remaining non-compliant and associated action plans either delayed or incomplete. There is an identified gap in the consistent translation of audit findings into demonstrable improvements in clinical practice. This limits assurance that care delivery is fully aligned to evidence-based standards.

The impact of boarding and non-designated care areas also affects effectiveness, as patients are often cared for outside of their specialty pathways, leading to fragmented clinical oversight, potential duplication of work, and delays in senior clinical decision-making. This reduces the overall effectiveness of care delivery and contributes to extended lengths of stay.

Efficiency continues to be challenged by financial pressures, workforce constraints and operational demand. Workforce limitations, including vacancies, sickness absence and reliance on temporary staffing, impact productivity and increase cost pressures.

Flow inefficiencies across the system, including delayed discharges and limited step-down capacity, contribute to escalation and the need to utilise non-designated care areas. Boarding patients outside of appropriate clinical environments further reduces efficiency, as it creates additional coordination demands, increases staff workload, and disrupts standard care pathways.

Work is underway to address these issues through workforce planning, recruitment and service redesign, including community-based models of care aimed at improving flow and reducing reliance on escalation spaces.

### **Evidence based**

Compliance with national standards and guidance remains variable across the Clinical Care Group. Whilst there are areas of progress, a number of requirements remain outstanding or overdue, impacting overall assurance and contributing to the escalation position. Delays in implementation of national guidance and Welsh Health Circulars highlight the need for strengthened oversight and accountability. There is a continued focus on improving compliance through governance processes and structured monitoring.

The challenges associated with boarding and non-designated care areas also highlight a deviation from best practice standards, reinforcing the need to address underlying system pressures to ensure care is consistently delivered in appropriate clinical environments.

### **Equitable**

Variation in access to care is evident across the Clinical Care Group, influenced by differences in service capacity, workforce and system pressures. Patient experience and access to timely care can vary depending on location and service demand.

The use of non-designated care areas also introduces inequity, as patients may receive care in environments that do not meet expected standards, with impacts on both safety and experience. This variation highlights the need for continued focus on equitable access and consistency of care delivery across all settings.

The Clinical Care Group is addressing this through analysis of complaints and incident data, enabling targeted improvement in areas where inequity is identified.

### **Person Centred**

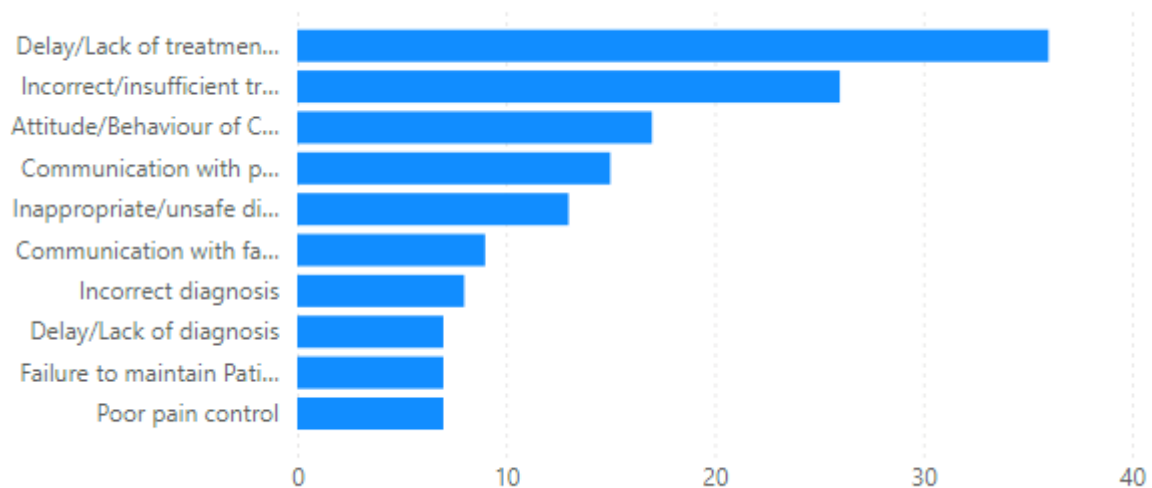
Patient feedback highlights examples of compassionate care and positive staff engagement; however, there are consistent themes in complaints relating to communication, delays and unmet expectations.

The use of boarding and care in non-designated areas has a notable impact on person-centred care. Patients cared for in these settings may experience reduced privacy, dignity and comfort, particularly where care is delivered in open or corridor environments. Communication with patients and families can be more difficult, and there are increased challenges in meeting the needs of vulnerable groups, including those requiring end-of-life care or additional support.

### **Complaints and patient experience data:**

Complaints data indicates sustained pressure within the system, with increasing volumes and ongoing challenges in meeting response times. The graph below details the themes and number of complaints between 1 January and 28 April 2026.

### **Total Complaints by Theme**



Thematic analysis highlights recurring concerns relating to:

- Communication with patients and families
- Delays in care and discharge
- Environment and dignity, particularly in escalation areas

Patient experience feedback aligns with incident themes, particularly in relation to care delivered in non-designated areas.

**Actions and impact:**

The “Listening to People” framework is being implemented to strengthen the systematic use of feedback in service improvement, with improved triangulation of complaints, incidents and experience data. Early impact includes improved visibility of themes and targeted improvement actions; however, measurable improvement in response timeliness and patient experience metrics is not yet consistently demonstrated.

**Quality Assurance Overview**

The Clinical Care Group remains at Level 3 governance escalation, with risks actively managed through the Health Board’s escalation policy and supporting governance structures. Risks relating to patient safety, flow and workforce are formally recorded within the Datix risk register and are reviewed through:

- Monthly Care Group Quality Governance meetings
- System-level Quality and Safety forums
- Operational escalation and command structures

Risk mitigation actions are clearly defined and monitored, with trajectories in place for key areas such as incident backlog reduction and flow improvement. This ensures that risks are not only identified but are actively managed with demonstrable oversight and accountability.

The Clinical Care Group has well-established governance structures that provide a comprehensive framework for oversight of quality, safety and performance. These arrangements are multidisciplinary and operate across all levels of the organisation.

However, there remain challenges in delivering full compliance with governance requirements. Backlogs in incidents, complaints, risks and audit actions continue to impact the ability to demonstrate timely learning and improvement. In addition, system pressures, including workforce fragility and flow constraints, continue to influence delivery.

The sustained use of non-designated care areas presents a significant cross-cutting risk and is indicative of the level of system pressure currently being experienced. Whilst managed within escalation processes, this remains an area requiring ongoing scrutiny and action.

The continued Level 3 escalation position is noted, together with the key risks impacting the Clinical Care Group, including patient safety risks, workforce fragility, audit and compliance challenges, and system flow pressures.

Particular attention is drawn to the risks associated with boarding and care in non-designated areas, and the need for sustained system-wide focus on reducing reliance on escalation spaces through improved flow, capacity management and workforce resilience.

There is assurance that robust governance and escalation processes are in place and are functioning effectively. Key risks are clearly identified, actively managed and subject to ongoing monitoring, with targeted actions being implemented to address system pressures, including incident backlog reduction, flow improvement and the strengthening of patient experience. Whilst there is evidence of improved grip and early positive trajectories in key areas, including incident backlog reduction and ambulance handover performance, the impact of these actions is not yet consistently realised across all domains.

Continued organisational focus and system-wide action remain necessary to deliver sustained improvement and reduce reliance on escalation measures, particularly in relation to boarding and care in non-designated areas.

#### Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to take assurance on the governance arrangements in place across Community & Integrated Medicine Clinical Care Group, noting the progress made in strengthening oversight and improvement activity.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	1. Leadership 2. Culture and valuing people 3. Data to knowledge

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	3 Transforming Urgent and Emergency Care programme 6 Clinical services plan 7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners 9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Community and Integrated Medicine Clinical Care Group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The current escalation position and system pressures are contributing to increased cost pressures, including the use of escalation areas, extended length of stay and reliance on temporary staffing, with ongoing actions focused on improving flow and value for money.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	System pressures and the use of non-designated care areas continue to impact the consistency of patient safety and experience; however, targeted actions are in place to strengthen governance, reduce incident backlogs and improve quality outcomes.

<b>Gweithlu: Workforce:</b>	Workforce fragility, including vacancies and operational pressures, continues to impact service delivery and resilience, with ongoing workforce planning and management actions in place to mitigate risk and support safe care delivery.
<b>Risg: Risk:</b>	Key risks relating to patient safety, system flow, workforce and compliance are clearly identified, recorded and actively managed through established governance and escalation processes, with defined mitigation actions and ongoing monitoring.
<b>Cyfreithiol: Legal:</b>	There are no new legal issues identified; however, ongoing pressures on compliance with national standards and statutory requirements are being actively managed through established governance and oversight arrangements.
<b>Enw Da: Reputational:</b>	There is a risk of adverse reputational impact associated with ongoing system pressures, patient experience challenges and escalation measures, which is being mitigated through transparent reporting and focused improvement activity.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N.A