



## Quality and Safety Assurance Report

# Quality, Safety and Experience Committee

12 February 2026

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
- Complaints management
- Public Services Ombudsman for Wales
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)



# Patient Safety Incidents and Nationally Reported Incidents



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**There were 15,204 incidents reported on Datix Cymru in Hywel Dda UHB between 01/01/2025 and 31/12/2025. Of these, 12,139 were Patient Safety Incidents.**

Of the 12,139 patient safety incidents reported, 9,462 have been closed. 68 (0.7%) were closed as moderate, severe or catastrophic harm.

The top 3 incident classifications (patient safety incidents reported between 01/11/2024 and 31/10/2025 and closed as moderate, severe or catastrophic harm) were pressure damage (20); accident or injury (14); and treatment and procedure (9). This can be broken down further into the categories.

Pressure ulcer developed or worsened during care in this clinical care area/caseload	16
Slip, trip or fall	13
Treatment or procedure issues	8



A review, using the support of AI, identified the main themes, within the lessons learned of patient safety incidents reported between 01/01/2025 and 31/12/2025 and closed, were:

## 1) Clinical Assessment & Decision-Making

Many incidents involve incomplete assessment, failure to recognise deterioration, missed injuries, and delayed escalation to senior clinicians.

### Actions to be taken:

Strengthen use of structured assessment tools (ABCDE, trauma pathways, Advanced Trauma Life Support (ATLS) principles).

Ensure timely senior or specialist review when presentation is complex.

Reinforce need for comprehensive documentation of clinical findings and rationale.

Mandate re-assessment if symptoms persist, worsen, or do not align with initial diagnosis.

## 2) Escalation & Communication

Escalation often happened late, was incomplete, or relied on assumptions. Communication between teams, patients and families is critical.

### Actions to be taken:

Escalate immediately when deterioration is identified or when safeguarding factors arise.

Improve communication handover processes (nursing ↔ medical, ward ↔ community).

Ensure Next of Kin is informed promptly following incidents.

Apply Duty of Candour processes consistently, including documentation and letters.

## 3) Risk Assessment & Documentation

Many incidents highlight missing or incomplete risk tools, care plans, body maps, or inconsistent records.

### Actions to be taken:

Complete Purpose-T, Waterlow, and Falls assessments at admission AND after changes.

Keep documentation aligned: risk tools must match care plans and repositioning schedules.

Ensure body maps are completed before discharge and co-signed.

Improve accuracy and frequency of updates to WNCR and wound charts.

These themes have been shared with:

- Clinical Care Groups for discussion, consideration and improvement action
- The learning library and Viva Engage

# Nationally Reportable Incidents



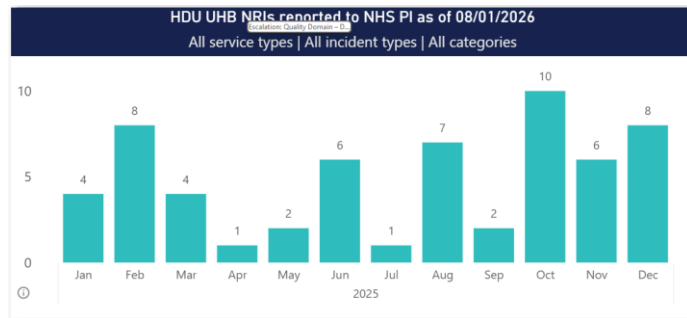
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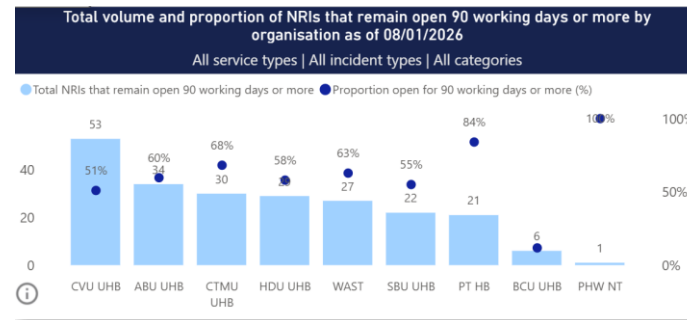
**59 Patient Safety Incidents were reported to the NHS Wales Performance and Improvement (previously known as NHS Wales Executive between 01/01/2025 and 31/12/2025).**

As of 08/01/2026, 47 incidents were open with NHS Performance and Improvement on the Health Board's Datix Cymru system (excluding those reported and awaiting confirmation of reference number).

23 incidents are been open with NHS Performance and Improvement for 90 days or more.

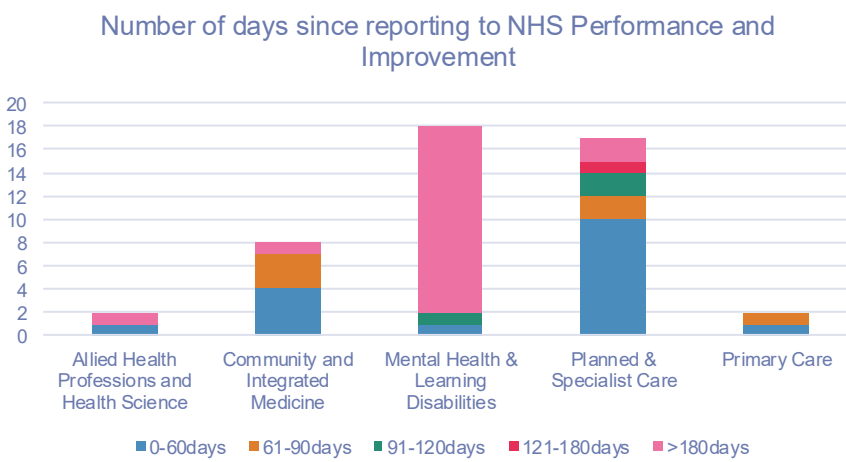
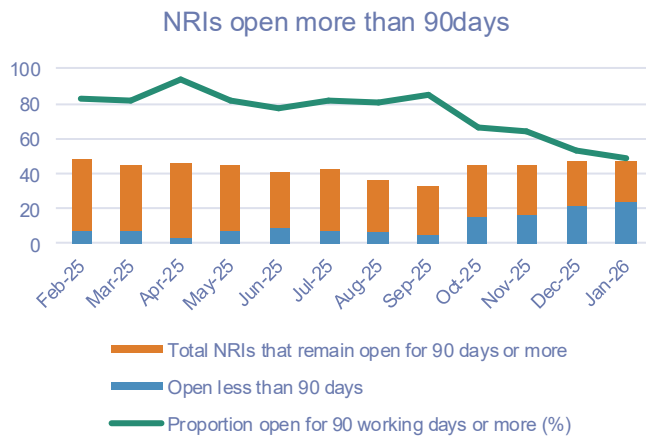


Source: Beacon Dashboard 08/01/2026



HDU UHB top 10 NRI categories occurring by volume (incident dates between Jan-25 and Dec-25) as of 08/01/2026

NRI category	Total
Neonate	15
Clinical assessment, clinical diagnosis	6
Unexpected death	4
Communication issues	2
Maternal	2
Treatment or procedure issues	2
Administration errors	1
Compliance with bundle/ guidance	1
Diagnostic testing - Pathology	1
Healthcare record	1
Medical devices	1
Medication documentation errors	1
Medication prescribing error	1
Mental Health Act Administration	1
Self-harm / self-injurious behaviour	1
Sterilisation / decontamination of equipment (including vehicles)	1



NRI category	Total
Neonate	7
Stillbirth	3
Unexpected admission to neonatal unit (gestation 37 weeks+)	2
Other neonatal adverse occurrence	1
Baby unexpected admission to neonatal unit (gestation up to 36 weeks)	1
Cord PH <7.05 arterial or <7.1 venous	1
Other maternity adverse occurrence	1

Source: Beacon Dashboard 08/01/2026

NRI category	Total
Clinical assessment, clinical diagnosis	2
Diagnosis delayed	2
Inadequate clinical assessment	1
Delay in clinical assessment	1
Other	1

Source: Datix Cymru 08/01/2026

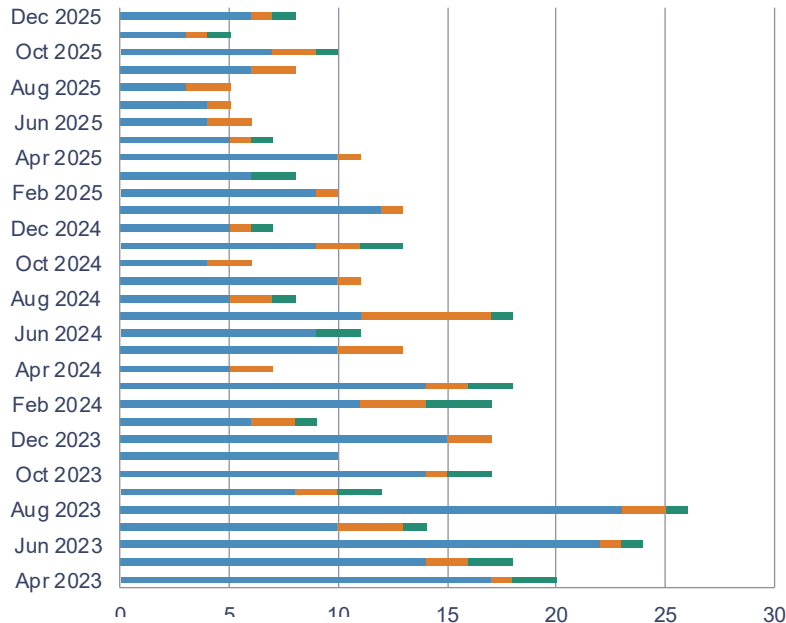
# Health Board Overview – Duty of Candour



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



274 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	53	158	3	1	229
	Severe		1	9	4	13	3	30
	Catastrophic / Death		3	5	1	1	5	15
	<b>Total</b>		<b>18</b>	<b>67</b>	<b>163</b>	<b>17</b>	<b>9</b>	<b>274</b>

## Top 3 incident classifications

Incidents occurring after 01/04/2023 where duty of candour has triggered

<b>Pressure Damage, Moisture Damage</b>	<b>71</b>
Pressure ulcer developed or worsened during care in this clinical care area/caseload	61
Pressure ulcer present before admission to this clinical care area/caseload	6
Pressure from medical device present before admission to this clinical care area/caseload	2
Pressure from medical device developed or worsened in this clinical care area/caseload	2
<b>Accident, Injury</b>	<b>71</b>
Burns or scalds	1
Contact with object or animal	1
Slip, trip or fall	66
Patient injury	3
<b>Treatment, procedure</b>	<b>54</b>
Blood / plasma products transfusion	3
Treatment or procedure issues	51

## Learning identified:

Theme	Description
Documentation & Communication	Accurate records, clear handovers, and effective team/patient communication
Escalation & Timely Response	Prompt action on deterioration, abnormal findings, and adherence to escalation protocols
Risk Assessment & Prevention	Regular assessments, use of preventative measures, and following safety protocols

# People's Experience Feedback



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Since the introduction of the revised Welsh Patient Experience Survey in April 2025, the following tables represent the volume of surveys issued via Friends and Family Testing (FFT) and those who access the Survey together with responses.

## Friends and Family Test

Month	Surveys			Responses			Targeted Contacts		
	Number of Surveys with New Responses	Surveys with New Targeted Responses	Surveys with New Passive Responses	Total New Responses	# of New Targeted Responses	# of New Passive Responses	# of Responses in Welsh	# of Contacts by SMS	# of Contacts by IVR
Dec-25	1	1	0	2249	2249	0	0	13160	2405
Nov-25	1	1	0	2552	2552	0	0	14141	2529
Oct-25	1	1	0	2592	2592	0	0	14613	2765
Sep-25	1	1	0	2527	2527	0	0	14316	2639
Aug-25	1	1	0	2093	2093	0	0	11451	2358
Jul-25	1	1	0	2592	2592	0	0	14297	2997
Jun-25	1	1	0	2455	2455	0	0	13456	2765
May-25	1	1	0	2304	2304	0	0	13149	2713
Apr-25	1	1	1	1764	1762	2	0	9995	2653

## NHS Wales People's Experience Survey

Question:	Survey	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Benchmark
2. How would you rate your overall experience?	NHS Wales People's Experience Survey (PES)	79.1	79.7	78.4	80.5	80.9	78.8	80.0	78.1	80.6	85
6. Were you able to communicate in your preferred language?	NHS Wales People's Experience Survey (PES)	94.7	95.6	96.5	96.8	95.4	95.3	96.1	94.0	94.8	85
7. Was the time you waited:	NHS Wales People's Experience Survey (PES)	70.2	67.7	68.0	70.3	67.4	67.8	67.5	65.1	72.1	85
8. Did you feel well cared for?	NHS Wales People's Experience Survey (PES)	83.7	83.9	82.0	84.7	83.8	81.7	83.4	81.6	84.7	85
9. Were you treated with dignity and respect?	NHS Wales People's Experience Survey (PES)	91.1	91.6	90.2	92.0	91.6	90.7	91.0	89.2	90.8	85
10. Did you feel that you were listened to?	NHS Wales People's Experience Survey (PES)	87.4	87.4	85.5	88.2	87.9	86.0	86.6	85.0	87.3	85
11. Were you involved as much as you wanted to be in decisions about your care?	NHS Wales People's Experience Survey (PES)	87.1	86.5	85.1	87.9	87.7	85.8	86.6	85.1	86.1	85
12. Were things explained to you in a way you could understand?	NHS Wales People's Experience Survey (PES)	91.2	90.0	89.5	90.9	91.0	89.2	90.5	88.0	89.4	85
Overall:		85.5	85.3	84.4	86.4	85.7	84.4	85.2	83.3	85.7	
Respondents:		681	873	850	972	1011	879	794	685	698	

# Health Board Overview – Complaints Management



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## Number of complaints received by month since Apr 25 (PTR)

April 2025	165
May 2025	204
June 2025	194
July 2025	249
August 2025	211
September 2025	249
October 2025	219
November 2025	95
December 2025	38

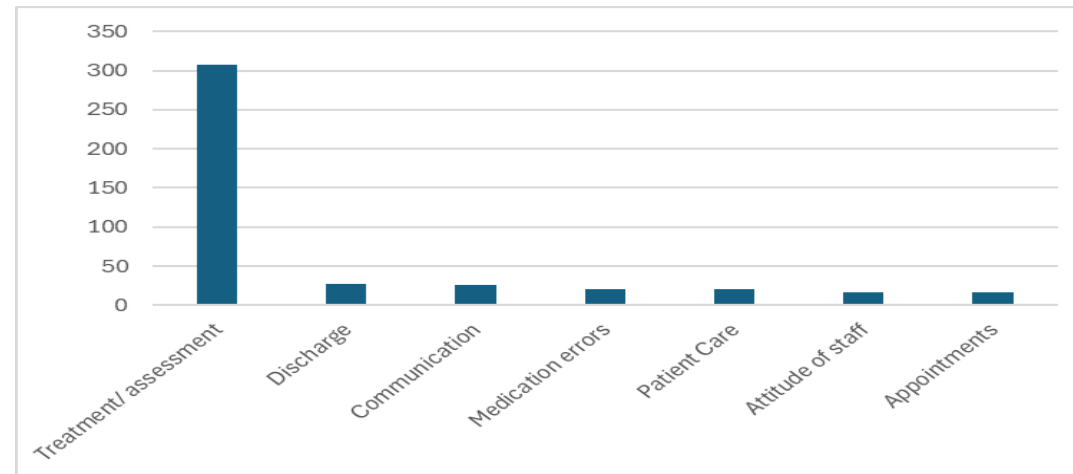
## Proportion of complaints within 30 working days

For the period April to November 2025, the Health Board's performance against the 30-working day target is 54%, including early resolution cases.

There are 7 complaints > 12 months (excluding those at final stage), which is a reduction from previously reported 24 cases. It remains a priority to ensure that no concerns are open over 12 months and to continue bringing this closer to under 10 months by end of March 26. The business continuity status of hospitals and recent pressures have made reviews by senior clinical staff more difficult to obtain, given the prioritisation of urgent clinical care. This has slowed progress towards all cases under 12 months. Whilst progress has been slower than expected, bottlenecks in obtaining senior clinical opinions and resolving complex clinical issues with MDT decisions have added delays. The 7 cases may acknowledge a qualifying liability and have needed input from Legal & Redress Team. Whilst we recognise that such complaints should not reach this stage, we nevertheless remain committed to giving a full, open and clinically robust response that offers appropriate redress:

There are still a high proportion of enquiries which should not be part of the complaints process and should be managed at first point of contact by other teams across the organisation. The noticeable reduction in new Putting Things Right (PTR) complaints in November/ December 2025 reflects attempts to categorise enquiries more appropriately.

## Top themes for open complaints at end January 2026



Main themes giving rise to complaints remain consistent, with the highest volume relating to clinical treatment/ assessment. Communication, attitude and appointments remain the next most frequent themes. Services receiving the highest volume of complaints are the EDs, Orthopaedic services, General Medicine, Gynaecology and Ophthalmology. This correlates to the areas with the highest volumes of patient activity and appointments.

# Public Services Ombudsman for Wales

- Following a Public Interest Report regarding the provision of specialist learning disability Epilepsy Services received in November 2025, the Health Board has since complied with the recommendations of the Ombudsman, and an ongoing action plan has been formulated with a further report being presented to Board for its oversight.
- In Q3 2025/26, there were eleven interventions from PSOW, which included two new investigations. There have been two final reports issued in Q3, neither of which were upheld. There have been 20 decisions not to investigate in the same quarter of the year.
- The Public Services Ombudsman for Wales (PSOW) annual report [Turning the page - Annual Report and Accounts 2024/25](#) can be found on the PSOW website.

# Infection Prevention and Control (IP&C)



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## Quality Planning

- Organisation Annual Plan
- Annual IP&C work plan
- Infection Prevention Strategic Steering Group Work Plan
- Welsh Health Circulars (WHC) relating to IP&C and Public Health
- WHC Antimicrobial Resistance (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 Control

- Standardisation of assurance/ scrutiny groups in progress
- Reports to and from Clinical Care Groups (CCG) / subgroups of Infection Prevention Strategic Steering Group (IPSSG)
- Review of Health Board (HB) 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 Antimicrobial Group (AMG) and antibiotic pharmacists of compliance to Start Smart The Focus (SSTF) for each acute site
- All CCGs to review data within the Health Board Safety Dashboard and ensure that cases are reviewed (see Quality Improvement)
- Review of monthly data from HARP with internal HB analysis and scrutiny and use of infographics in CCGs
- Outbreak management meetings held as required.

## Quality Improvement

- Assurance/ scrutiny meetings held. All hospital onset/ HCAI are discussed and learning obtained / action plans implemented, themes derived with a move to learning panels
- Working with managed practices - presenting infographics for infections/ sources/ learning
- Environmental audit programme and observational audits programme in place with improvement action plans produced
- Review of Synbiotix scores in relation to IP&C audit programme
- HPV in use in 3 acute sites
- HCID/infectious disease pathway training dates have been completed for GGH and BGH, dates in September and October for PPH and WGH
- Engagement in the National C.diff Learning Collaborative

## Quality Assurance



### Performance de-escalation summary

#### Latest position key

■ Goal achieved  
■ Making good progress towards goal  
■ Minimal progress made or decline from previous month  
■ Same as baseline or worse

Measure	De-escalation criteria	Baseline	Baseline	Goal	Latest position key						
					Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	
Infections	Number of laboratory confirmed C.difficile cases with hospital onset	25% reduction, maintained for 3 months	8	Baseline (average Q3 23/24)	6	7	4	5	11	8	8
	Number of laboratory confirmed S.aureus bacteraemia cases with hospital onset	33% reduction, maintained for 3 months	3	Baseline (average Q3 23/24)	2	4	5	4	3	4	6
	Number of laboratory confirmed E.coli bacteraemia cases with hospital onset	25% reduction, maintained for 3 months	7	Baseline (average Q3 23/24)	5	10	6	9	10	7	8



All CCGs to review progress against the HB Safety Dashboard



Review of monthly data from HARP with internal HB analysis and scrutiny



ANTT 83.35% compliance



Level 2 mandatory training at 75.36%.



HPV enhanced cleaning now available at 4 acute sites



Universal masking introduced into the HB on 11/12/25

# IP&C continued

Table 1. Current FY rate per 1,000 hospital admissions of specimens by HB, Apr - Dec 25

Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Current FY							
Select organism group							
All organisms							
< than same period last FY							
= same period last FY							
> than same period last FY							
	Aneurin Bevan UHB	2.3	0.06	1.27	3.38	1.07	0.32
	Betsi Cadwaladr UHB	3.31	0.08	1.78	4.94	1.33	0.39
	Cardiff and Vale UHB	2.96	0.28	1.94	4.24	1.84	0.48
	Cwm Taf Morgannwg UHB	2.66	0.11	1.8	6.26	2.25	0.19
	Hywel Dda UHB	2.96	0.27	1.92	6.53	2.24	0.39
	Powys THB	18.77	0	0.89	0.89	0	0
	Swansea Bay UHB	3.43	0.14	1.83	4.34	1.85	0.39
	Velindre NHST	1.21	0	1.61	4.84	0	0.81
	Wales	2.94	0.14	1.71	4.74	1.63	0.36



There is a mixed trend for the Health Board, with some infections improving and others being more challenging.

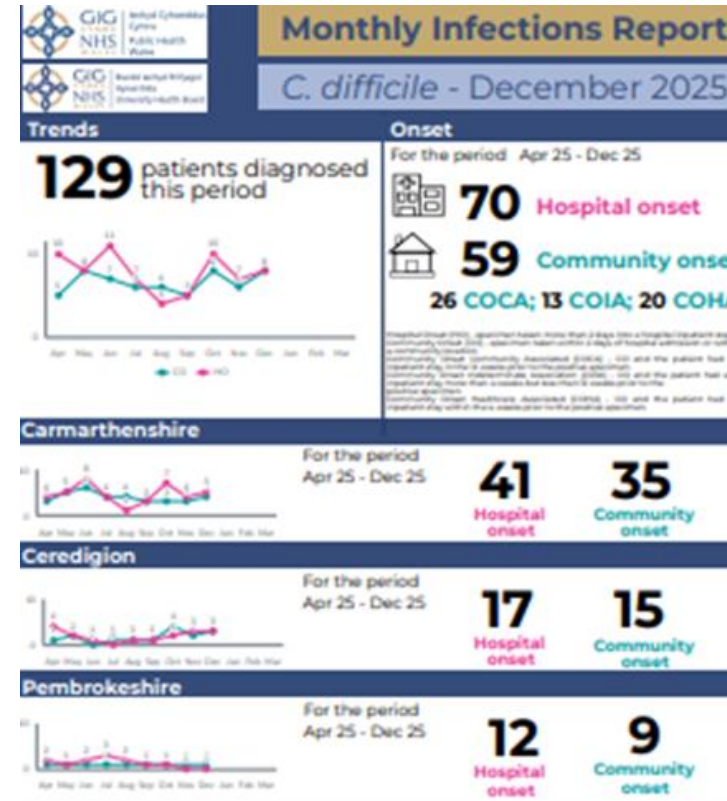
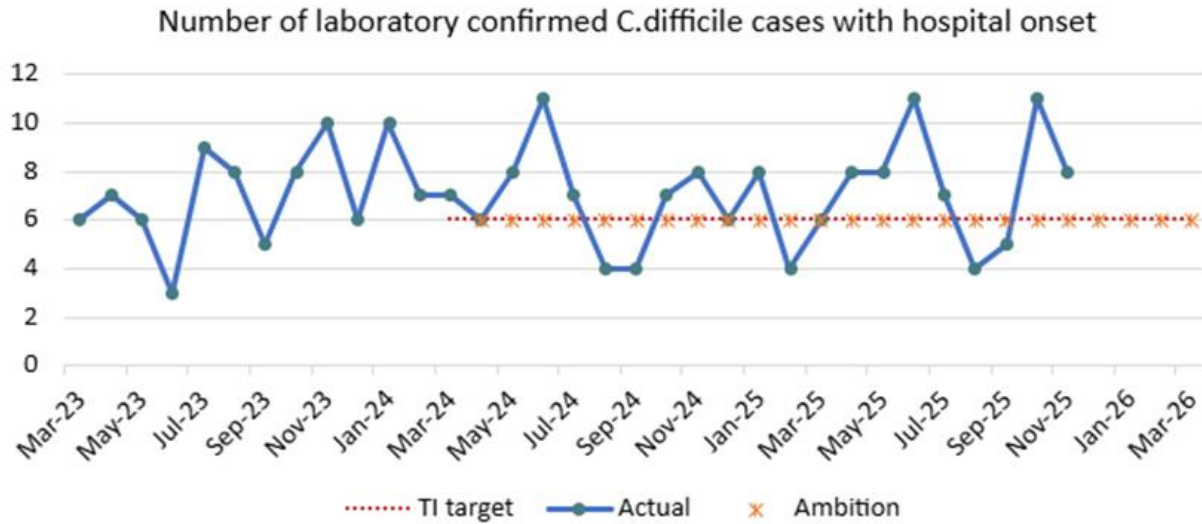
- E. coli bacteraemia rates remain high suggesting a need for targeted interventions for population base.
- E. coli and C. difficile show higher average monthly increases in October to November vs April–September.

Table 1. Current FY rate per 1,000 hospital admissions of specimens by acute hospital in Hywel Dda UHB, Apr - Dec 25

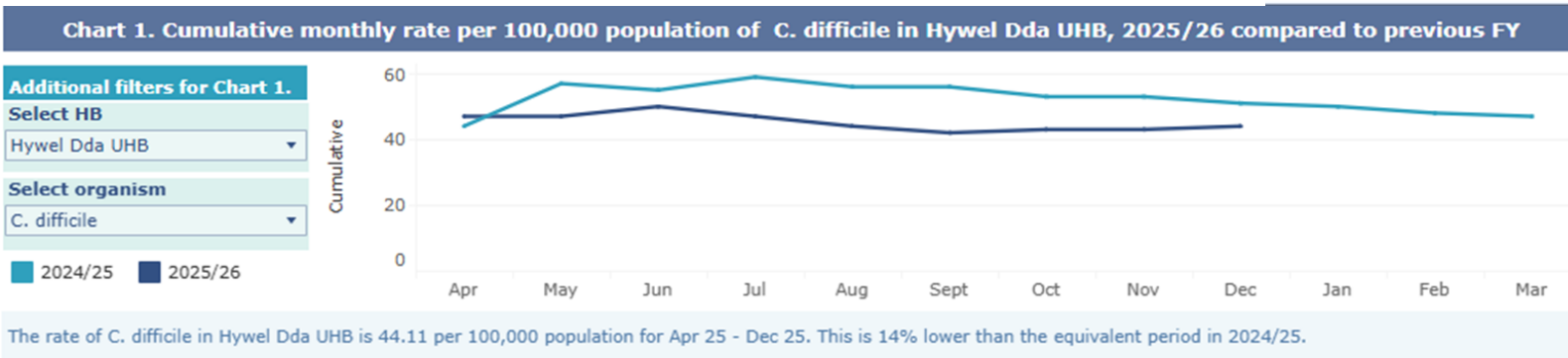
Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Current FY							
Select organism group							
All organisms							
< than same period last FY							
> than same period last FY							
	Bronglais General Hospital	4.02	0.18	2.56	7.48	2.74	0.55
	Glangwili General Hospital	1.79	0.41	1.68	5.61	2.14	0.41
	Prince Philip Hospital	2.54	0.12	1.61	4.84	1.84	0.23
	Withybush General Hospital	1.65	0.22	2.53	9.56	2.53	0.44

# IP&C C.difficile

Improvement Goal: To reduce the overall burden of C. diff infection by at least 25% against the 2024-25 counts



4 patients  
have had 2  
positive samples  
28 days apart  
1/04/25 to  
30/11/25



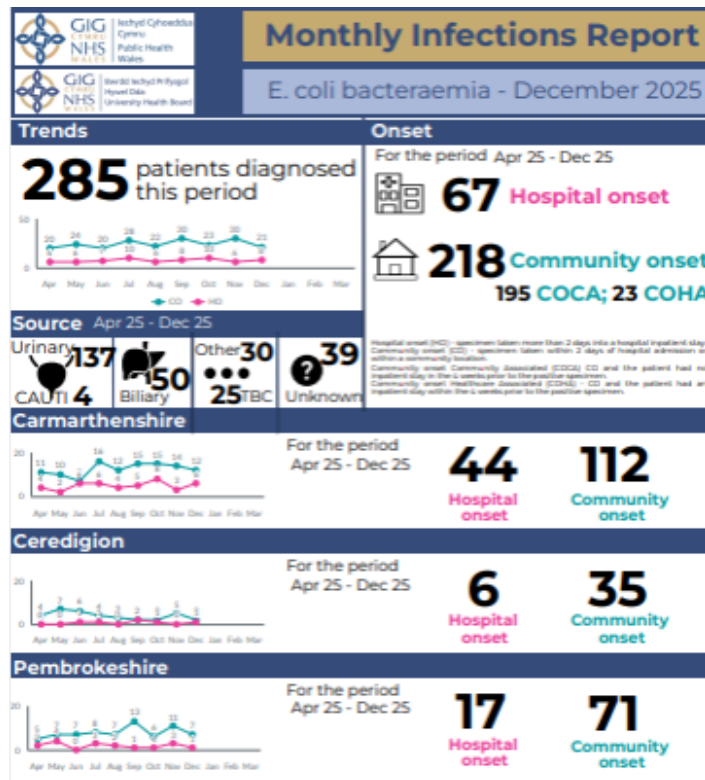
# IP&C E.coli bacteraemia

Improvement Goal: A reduction of at least 10% in cases of hospital onset E. coli blood stream infections (BSI) is expected vs the cases in 2024-2025.

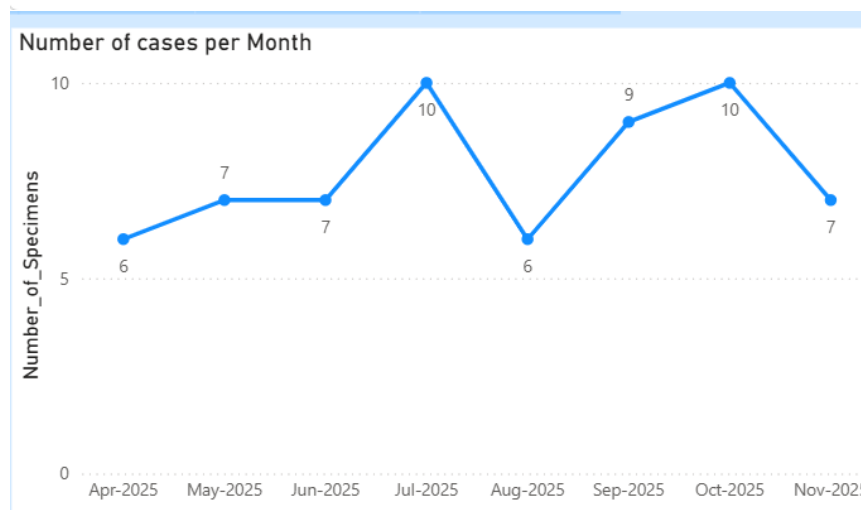
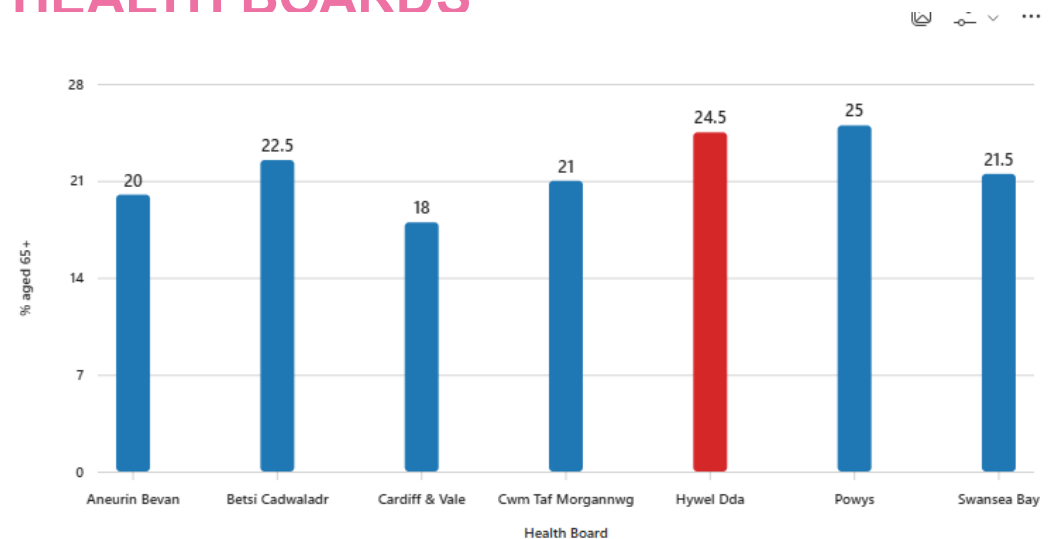


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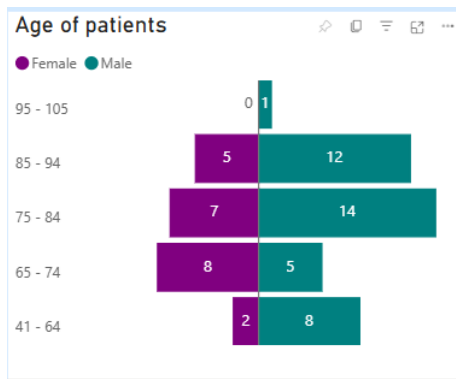
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## AGE PROFILE COMPARISON ACROSS WELSH HEALTH BOARDS



Implications: Older population → higher vulnerability to HAIs, *C. difficile*, increased antibiotic exposure, longer stays.



# IP&C S. aureus bacteraemia

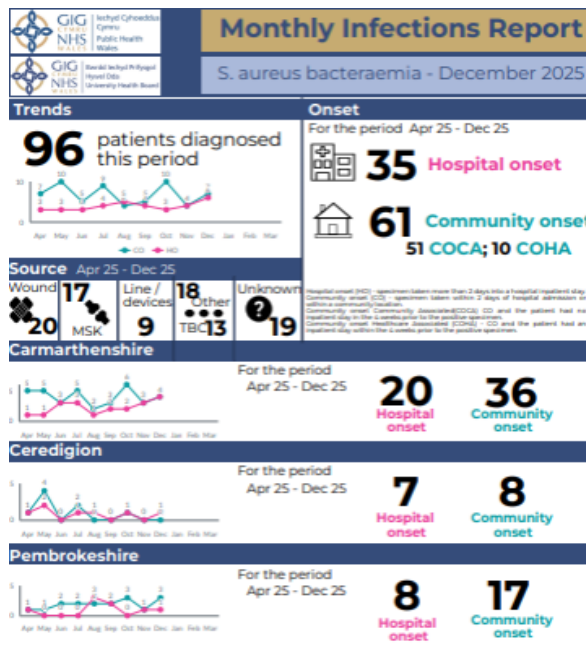
MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards.

MRSA Improvement Goal: All Health Boards should have fewer MRSA BSI cases in 2025/26 than in 2024/25.



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S.aureus 7 less equivalent period  
MSSA 11 less same period  
MRSA 4 more than same period

Key actions-

- Review of Aseptic non touch technique compliance and ensuring invasive device bundles are in place

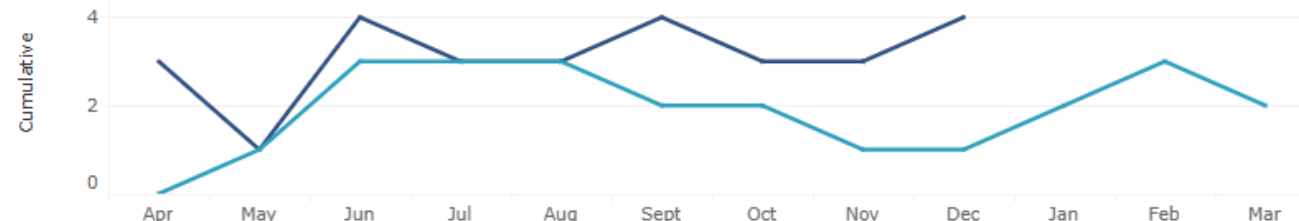
Chart 1. Cumulative monthly rate per 100,000 population of MRSA bacteraemia in Hywel Dda UHB, 2025/26 compared to previous FY

**Additional filters for Chart 1.**

Select HB  
Hywel Dda UHB

Select organism  
MRSA bacteraemia

2024/25 2025/26



The rate of MRSA bacteraemia in Hywel Dda UHB is 4.10 per 100,000 population for Apr 25 - Dec 25. This is 139% higher than the equivalent period in 2024/25.

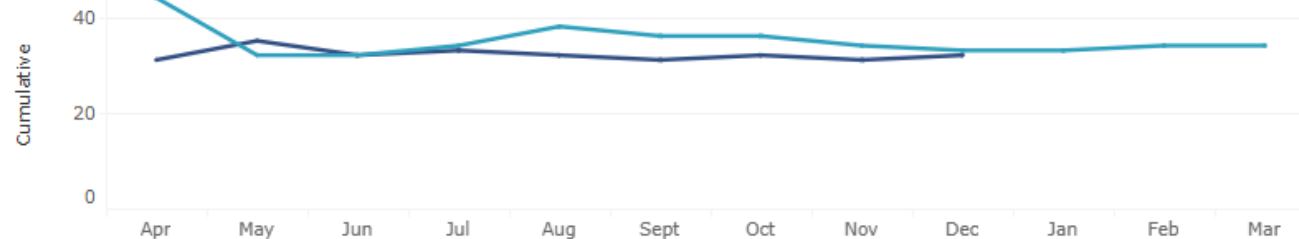
Chart 1. Cumulative monthly rate per 100,000 population of S. aureus bacteraemia in Hywel Dda UHB, 2025/26 compared to previous FY

**Additional filters for Chart 1.**

Select HB  
Hywel Dda UHB

Select organism  
S. aureus bacteraemia

2024/25 2025/26



The rate of S. aureus bacteraemia in Hywel Dda UHB is 32.83 per 100,000 population for Apr 25 - Dec 25. This is 2% lower than the equivalent period in 2024/25.

# Health Inspectorate Wales (HIW) / Care Inspectorate Wales (CIW) / Human Tissue Authority (HTA) inspection activity:



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## Inspections

Cwm Seren, November 2025 – publication of report expected 12/02/2026

Learning Disability Inspection, November 2025 - publication of report expected 22/01/2026

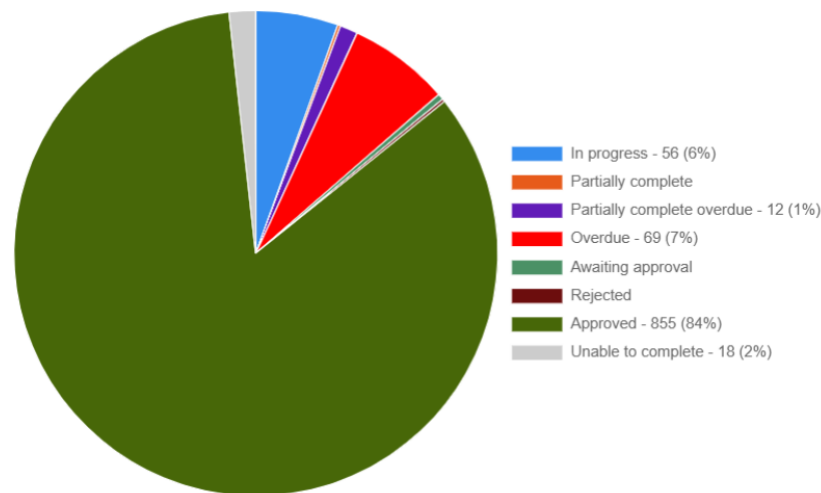
The Health Board have received the following letters from HIW requesting assurance during 2025 (those in grey type have been previously reported to QSEC)

Date of letter	HIW ref	Matter
24/11/2025	15323	Theatres: <ul style="list-style-type: none"> <li>• Staff training and experience</li> <li>• Staffing levels, burnout and turnover</li> <li>• Patient safety risks and incident reports</li> <li>• Staff wellbeing and morale</li> <li>• Senior management and culture concerns</li> </ul>
18/11/2025	15315	Play park adjacent to Cwm Seren
23/10/2025	15014	A&E Glangwili General Hospital: <ul style="list-style-type: none"> <li>• Hygiene and infection control</li> <li>• Incident reporting and follow up</li> <li>• Staff safety and support</li> <li>• Escalation and response to concerns</li> </ul>
08/10/2025	13391	Update on CSP consultation for Critical Care
18/08/2025	14435	Bro Cerwyn
13/08/2025	13272	MH&LD CTP compliance including update on actions to improve compliance
13/08/2025	14414	Withybush Hospital - procedures in place for informing patients about the re-enablement team, as well the information provided to them
24/07/2025	13747	WGH / Mental Health family concern – outcome date requested. Responded to 29/07/25 to advise plan to share on 8 <sup>th</sup> Aug 25.

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
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 – request for further information
	13274	St Non's Ward – request for update
06/06/2025	13747	Withybush General Hospital – care of patient
11/06/2025	13391	Critical care provision in Carmarthenshire - status and timescales CSP consultation
11/06/2025	13274	St Non's Ward – request for update
08/07/2025	13747	WGH / Mental Health family concern – update requested
08/07/2025	14043	GGH Radiology anonymous staffing concerns
18/07/2025	14165	WGH Ward 10 assurance – assurance re provision for food and water and support for patients on ward

# HIW Quality Checks/Inspections: Reviews and inspections

## Improvement Actions relating to HIW reviews Source: AMaT 21/01/2026



	Overdue	Partially complete (overdue)
Community and Integrated Medicine	38	5
Estates and Facilities	0	0
Mental Health and Learning Disabilities	4	0
Nursing, Quality and Patient Experience	0	0
Operational Allied Health and Health Science	13	3
Planned and Specialist Care	0	0

	Position as at 25/11/2025	Position as at 21/01/2026
Overdue	68	69
Partially complete (overdue)	16	12
Partially complete	3	2
In progress	87	56
Rejected (to be resubmitted)	5	2

## 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
14	134/247 (54%)	1/1 (100%)	0	0	56	2	12	69	12	4	2	294

Note for each open inspection, an action is created for the QAS Team to confirm with HIW closure of the inspection actions (this is not included within the HIW inspection report). Therefore, if actions are overdue, the action for QAST will also be overdue.

## 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
29	297/297 (100%)	18/18 (100%)	0	0	0	0	0	0	6	0	0	561

# HIW Quality Checks/Inspections: Open reviews and inspections

Code	Title	MD	SD	WN	PIR	Actions								View
						In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed	
Healthcare Inspectorate Wales (HIW)/2024/396	HIW Children and Young People Mental Health Review	4/9 (44%)	0	0	0	0	8	1	2	1	1	0	0	10
Healthcare Inspectorate Wales (HIW)/2025/716	HIW Cwm Seren LSU & PICU	0/15 (0%)	0	0	0	0	20	0	0	0	0	0	0	0
Healthcare Inspectorate Wales (HIW)/2025/628	HIW Derwen Ward 04054	3/9 (33%)	0	0	0	0	0	0	1	13	0	1	2	38
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	19/21 (90%)	0	0	0	0	0	0	0	2	0	0	0	34
Healthcare Inspectorate Wales (HIW)/2025/565	HIW GGH Maternity Services 03924	11/13 (85%)	0	0	0	0	2	0	0	0	0	0	0	21
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)	18/40 (45%)	0	0	0	0	0	0	0	3	4	0	0	26
Healthcare Inspectorate Wales (HIW)/2025/668	HIW Inspection BGH Emergency Department	14/29 (48%)	0	0	0	0	5	0	3	22	3	0	0	40
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	6/9 (67%)	0	0	0	0	0	0	2	1	1	0	0	10
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	12/18 (67%)	1/1 (100%)	0	0	0	0	0	0	2	0	0	0	23



# Recommendations



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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
- Complaints management
- Public Services Ombudsman for Wales
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)





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 – Louise O'Connor, Assistant Director for Legal Services and Patient Experience
5. Complaints Management – 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 – Caroline Burgin, Patient Safety and Assurance



GIG  
CYMRU  
NHS  
WALES

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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**