



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

February 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:

- Making a difference for patients
- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Improvements to the Our Safety Dashboard
- Quality Improvement Strategic Framework – an update
- Royal College of Nursing (RCN) Report: On the Frontline of the UK's Corridor Care Crisis

Making a difference for patients



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Paediatric diabetes team has best outcome measure performance in Wales



17 January 2025

Hywel Dda University Health Board's (UHB) paediatric diabetes team is the best performing in Wales and third in England and Wales according to latest figures from the National Paediatric Diabetes Audit.

The National Diabetes Audit, conducted by the Royal College of Paediatrics and Child Health, collects data from NHS organisations across Wales and England to support clinicians in their work, to help patients get the best care and to use data to improve treatment and management.

One measure of success is a patient's HbA1C number – a test which measures the amount of blood glucose attached to a patient's haemoglobin, found in red blood cells.

Hywel Dda's paediatric diabetes team is led by Dr Simon Fountain-Polley and Dr Swe Lynn.

Dr Swe Lynn, consultant paediatrician, explained: "HbA1C is an important blood test that gives a good indication of how well diabetes is being managed and is a very strong predictor of future health. It's our predictor for the risk of long-term complications from diabetes. So, the lower the number the better.

"Within the national paediatric diabetes audit data for 2022 to 2023, our average HbA1C is the lowest in Wales and it's the third lowest in England and Wales. There are more than 170 units – health boards, and NHS trusts in England, for example - that provide data to the National Paediatric Diabetes Audit (NPDA).

"This is a good achievement for us bearing in mind we're a small unit in terms of the units across England and Wales."

The paediatric diabetes unit was set up some 15 years ago when Hywel Dda UHB was formed and was one of the smallest teams in Wales. But specialist staff were recruited and now the team includes two consultants, dietitians, paediatric specialist nurses, admin support and a psychologist.

The full story can be found at <https://hduhb.nhs.wales/news/press-releases/paediatric-diabetes-team-has-best-outcome-measure-performance-in-wales/>

Case study:



Seren and Katie enjoying a coffee

When Seren Morgan, 10, from Carmarthen was rushed into hospital seriously ill in April of 2024, her and her family's lives changed forever.

Seren was diagnosed with Type 1 diabetes and now, thanks to the support of her family and the paediatric diabetes team based at Glangwili, Seren is able to manage her condition and do many of the things she enjoys.

Ask Seren what she likes to do in her spare time and she reels out a full schedule – drama club, cricket in the summer, piano on a Wednesday afternoon, getting together with friends. And she has just spent time on a school trip at an outdoor pursuits centre in the Brecon Beacons.

But none of this has been simple. In the past, Seren's mum Katie would drop her off at drama club but now she will stay there to keep an eye on her blood sugar levels. Seren could not stay overnight in Brecon with her friends – her parents took her to Brecon every day and brought her home each night.

"Seren got poorly at Christmas time with various viruses and then we were back and forth to the hospital in Cardiff. She was having really severe symptoms, which we just didn't realise was diabetes Type 1," said Katie.

"It was only when we went to our family GP, who looked at Seren and thought there was something really wrong, that we were whisked into Glangwili Hospital. And it was on the 16th of April that Seren was diagnosed with Type 1 diabetes. It was very shocking."

"It was difficult, especially for Seren, because she went immediately into emergency treatment, which was really painful and really traumatic.

"We're still having support now for Seren to get over what was a traumatic event in her life."

Katie has praised the support she has had from Dr Simon Fountain-Polley and the paediatric team at Glangwili.



Diogel
Safe



Amserol
Timely



Effeithlon
Efficient



Effeithiol
Effective



Teg
Equitable



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Patient Safety Incident Reporting



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There were 12,942 Patient Safety Incidents reported on Datix Cymru in Hywel Dda UHB between 1st January 2024 – 31st December 2024.

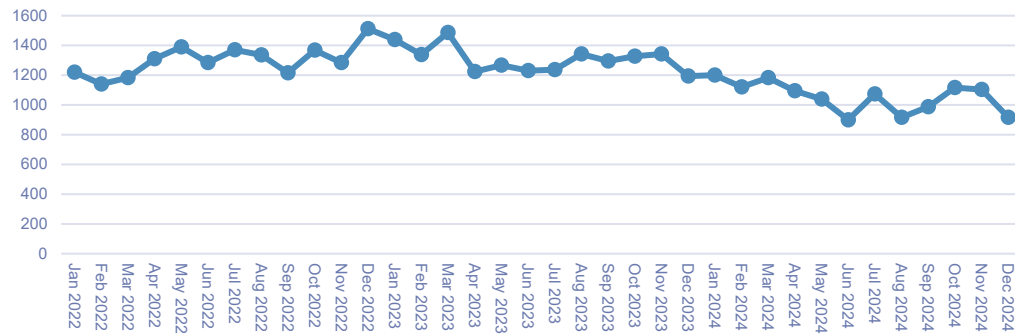
Of the 12,942 patient safety incidents reported, 9,879 have been closed. 1% were closed as moderate, severe or catastrophic harm. The top 3 incident categories (incidents reported between 01/11/2023 and 31/10/2024 and closed as moderate, severe or catastrophic harm) were:

Pressure ulcer developed or worsened during care in this clinical care area/caseload	29
Slip, trip or fall	21
Treatment or procedure issues	11

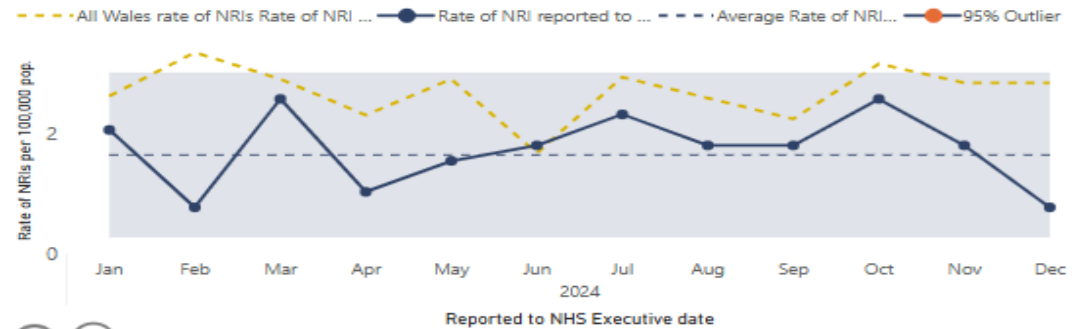


Patient Safety Incidents by month of occurrence

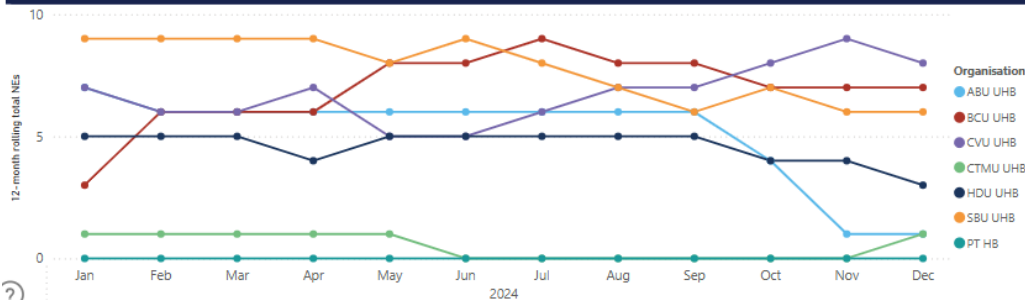
As at 31/12/2024



HDU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 06/01/2025



All Wales 12-month rolling total Never Events occurring (by incident date) as of 06/01/2025



HDU UHB Never Events occurring (by incident date, Jan-24 to Dec-24) as of 06/01/2025

Year	2024											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Administration of medication by the wrong route	0	0	0	0	1	0	0	0	0	0	0	0
Retained foreign object post procedure	1	0	0	0	0	0	1	0	0	0	0	0
Total Never Events	1	0	0	0	1	0	1	0	0	0	0	0

Nationally Reporting and Serious Incident learning

Themes & Learning Poster:
Sharing Learning Points
Health Board wide



“Get it right, make it safe!”

This year the theme of World Patient Safety Day on 17th September 2024 is **“Improving diagnosis for patient safety”** with the slogan **“Get it right, make it safe!”** highlighting the critical importance of correct and timely diagnosis in ensuring patient safety and improving health outcomes. A diagnosis identifies a patient’s health problem and is key to accessing the care and treatment they need. A diagnostic error is the failure to establish a correct and timely explanation of a patient’s health problem, which can include delayed, incorrect, or missed diagnoses, or a failure to communicate that explanation to the patient.

What was the issue?

- The patient attended the Emergency Department, following a fall at work. It was reported that the patient had collapsed and had an altered level of consciousness. The patient was seen by a SHO under the medical team on the day of admission. It was documented that the patient reported that they had severe pain in their neck and could not feel their legs. It was also documented that the patient was weak in the upper and lower limbs and could move them slightly but could not lift them. The doctor documented the diagnosis as cervical spinal trauma secondary to a fall. No spinal precautions were put in place and no referral to the T&O team was made.
- A CT scan of the cervical spine was carried out later that day which concluded that there was no evidence of any acute fracture or bony injury shown within the cervical spine. But also said that “a MRI of the cervical spine should be performed for further assessment”.
- A spinal MRI was undertaken 3 days later which and reported left sided ischaemic changes with severe canal stenosis at C4 / C6.
- An MDT decided that the patient was not suitable for surgical decompression. The opinion of an External Spinal Surgeon said that the window for surgery, in their opinion, is the first 24 to 36 hours after injury. The patient was tetraplegic.

Contributory Factors

- On the day of admission, the doctor gave a diagnosis of spinal trauma but did not put spinal precautions into place or make a referral to the T&O team.
- A CT scan was undertaken which said that a ligamentous injury cannot be excluded on the grounds of a CT examination and if there were clinical concerns for a ligamentous injury, “a MRI of the cervical spine should be performed for further assessment”, however the MRI was not undertaken until 3 days later.

What could we improve on?

- During the course of the investigation it was noted by clinical reviewers, independent to whether the incident occurred and an external reviewer that the neurological examinations were below the standard expected for the patient’s presentation.
- The External Spinal Surgeon said that in their opinion, there was a missed opportunity to decompress the spinal cord as soon as neurological deterioration occurred.

What have we learnt?

- There is a need for higher index of suspicion for “silver trauma”, particularly cord injury in patients presenting with abnormal neurology following a fall with evidence of existing spinal degeneration/stenosis.
- Neurological findings must be formally objectively assessed and clearly documented.
- When a spinal injury is suspected spinal precautions must be put in place immediately until all assessments to determine whether a spinal injury is present or not have been completed.

If you have any comments about this issue, please send them to: patient.safety@wales.nhs.uk
Do you have a concern about patient safety? Please report using our [incident reporting \(sharepoint.com\)](https://nhs.uk/incident-reporting) or Speak Up Safety <https://nhs.uk/speak-up>



Themes & Learning Poster:
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What was the issue?

- The patient presented to the Emergency Department (ED) with a 3 week history of back pain and reported recent incontinence. The ED reviewed the patient and at this time the patient was not aware that they were pregnant. The ED clinician documented that they performed a full examination and arranged for a pregnancy test. The ED clinician documented that the urine analyser machine recorded ‘error’ on 3 attempts for a pregnancy test, returning an inconclusive result. With hindsight, this error message likely occurred because the urine sample was actually amniotic fluid.
- The patient was prescribed treatment for a Urinary Tract Infection and discharged. Within 24 hours, the patient re-presented to the ED with continued back pain. A CT scan of the patient’s urinary tract showed a near term gestation pregnancy and the patient was referred to Obstetrics. A foetal heartbeat could not be detected and the patient sadly had a stillbirth.

Contributory Factors

- Cognitive bias is a systematic error in thinking which affects how information is processed and decisions are made. In this instance, diagnostic momentum took hold which reduced the ability to consider other alternatives.
- The working diagnosis was Cauda Equina Syndrome, Kidney stones, or Urinary Tract Infection. The investigation concluded that as the patient was of reproductive age, had presented with pain, and the pregnancy tests were inconclusive, pregnancy should have been considered as a differential diagnosis.

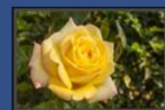
What could we improve?

- There were missed opportunities to detect the pregnancy during the patient’s first admission. The inconclusive urine analysis result and the staff not persisting in getting a definitive result caused the delay in diagnosis. Consideration could have been given to performing a blood pregnancy test (Serum HCG). An earlier pregnancy test would have been positive and this would have provided a different schedule of care. There may have been an opportunity to intervene and this may have resulted in a different outcome for the baby.

What have we learnt?

- Healthcare professionals should consider the possibility of a pregnancy, even in women who state they are not, as the woman may be unaware of an undetected pregnancy. If the machine does not produce a conclusive result, then consideration should be given to getting the test in another way (e.g. blood serum test, if urine dip test was inconclusive). Thinking critically, carefully considering other diagnosis, and consulting peers for a second opinion can help to improve diagnostic accuracy.

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7 Minute Patient Safety Briefing Care after death



1 Background
A deceased patient remained in the Emergency Department (ED) viewing room at GGH for 2 days (approximately 43 hours) after the date and time of death. There was a failure to transfer the patient to the mortuary in a timely manner and the procedure for care after death of patients’ was not followed.

2 Care & Service Delivery Problems

- Failure to orientate agency staff with procedure for care after death of patients in the ED.
- Failure to complete environmental checks by nurse in charge of shift.
- Failure to follow process to request timely portering to transfer patient to the mortuary via correct process. The ‘Synbiotix’ portering system was not activated, resulting in the breakdown in communication and delay in transfer from ED to the mortuary.



3 Contributory Factors: Team function, leadership, roles and responsibility as well as verbal communication.

- Poor communication among staff.
- New Porter requesting system (Synbiotix) recently implemented and unfamiliar to staff.
- WelshPAS system not accurately maintained, patient discharged from system without confirming the patient had physically left.
- Failure to complete environmental checks.
- Busy department with high patient acuity.

5 What have we learnt:

- The importance of clear communication to ensure standards are maintained after death.
- Because of this incident the staff in ED have devised a prompt – a Yellow Rose sign to be placed on the door of the viewing room when occupied. The Rose sign to be returned to the ED navigator (Nurse in Charge) once patient has been transferred to the mortuary - implementation has been communicated to all staff with the support of the practice educator and through departmental meetings.
- The importance of maintaining up to date information on systems, e.g. WelshPAS and the implications on patient safety.
- The importance of completing checklists accurately to evidence best practice and ensure safe working environments.
- The negative psychological impact resulting from an incident of this nature for both the family of the deceased and the staff within the ED and the Mortuary.


4 What could we improve?

- Care after Death checklist to ensure consistency with standards and the Care After Death Policy.
- Improved systems and team communication: Implementation of ‘yellow rose’ and inclusion in daily Patient Flow and Huddle information. At the start of each shift, Quality checklists to be completed.
- Reinforce roles and responsibilities of the nurse in charge, ensuring environmental and patient safety checks are completed.
- Appropriate use of Synbiotix system when requesting transfer of patients to mortuary from the ED. All temporary staff/agency to be aware of the system, and have log in access, to ensure correct procedures followed to transfer patients to the mortuary.

Nationally Reporting and Serious Incident learning



Quality Assurance & Safety Team
7 Minute Patient Safety Briefing - Professional Documentation:
Safe, Effective, and Legal.
"If it wasn't documented, it wasn't done."



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1 Background: Professional and legal standards.
Documentation demonstrates how healthcare professionals applied their knowledge, skills, and judgment according to their regulatory standards of practice. Professional standards set out clear principals on documentation and these underpin the Health Board's Clinical Record Keeping Policy which require healthcare professionals to attain. Documentation is generally accepted as evidence in legal proceedings. In a legal sense, documentation and record keeping is there for the protection of the healthcare professional. A well-kept record can protect the practitioner in instances where the legal defence of their actions is required.

2 Nursing Midwifery Council (NMC) and Allied Healthcare professional regulatory bodies guidance.
There are standards throughout the relevant Codes of Conduct that are indirectly related to record keeping practice. The purpose of recording care is to evidence decision making and clinical judgements while supporting delivery and continuity of care, subsequently improving communication between healthcare professionals and the identification of risks to the person accessing the service. Nurses are required from a regulatory and employer perspective to provide evidence of their contribution, professional judgement and interventions in care delivered.

3 General Medical Council (GMC) guidance. Key points – Good medical records summarise the key details of every patient contact. Clinical records should include:

- Relevant clinical findings
- The decisions made and the actions agreed, and who is making the decisions and agreeing the actions
- The information given to patients/families
- Any drugs prescribed or other investigation or treatment and the rationale for doing so
- Who is making the record and when.



4 Common contributing factors in investigations:


- Writing illegible or incomplete records
- Entries not dated and time-stamped by the staff member who created the entry
- Clinical rationale not being clearly justified in the patient notes

5 Lessons Learnt: The most important role of documentation is to assure high quality patient care. One of the key principles of legally defensible documentation is strict adherence to organisational policies and procedures and regulatory frameworks which mandate that care must be documented as evidence that care was provided. Judges, juries, and other interested parties take the position, "If it wasn't documented, it wasn't done."

6 Make Documentation Your Ally. FACT improve your documentation.
F = Factual
A = Accurate
C = Complete
T = Timely

7 Outcome:
Documentation is a matter of professionalism and proof of care given. The principles of good documentation are not new. Lapses in applying these principles create problems when documentation is presented as evidence to defend against failure to meet standards of care. When concentrating on the principles of documentation healthcare professionals will document the quality care they provide and fulfil their professional responsibilities.

Quality Assurance & Safety Team: 7 Minute Briefing
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
Healthcare Inspectorate Wales



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University Health Board

1 Background
Healthcare Inspectorate Wales undertook a Review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions for adults in Wales. Their report was published in May 2024.

2 Summary
The review explored whether patients are actively involved in decision making about DNACPR and whether those decisions are clearly recorded and communicated between healthcare professionals.

3 Opportunities to Improve
During the review, HIW identified a number of areas where improvement could be made. A Health Board wide action plan has been developed to consider the other recommendations in the report. A very small snapshot of the recommendations are included in the points below.

4 Improvement: DNACPR discussions and supporting information
DNACPR discussions should be held as early as appropriate with patients and those close to them, to allow them time to understand the decision, reflect on discussions and to generate follow-up discussions if appropriate.


5 Improvement: Clear Documentation
Clinicians completing the date section 'for review' within a DNACPR form, must clearly document all the required information including the date and their professional registration numbers, to ensure that clinicians are identifiable if required.

6 Improvement: Review by the Senior Responsible Clinician
Section 6 of the DNACPR form must be completed in a timely manner by the Senior Responsible Clinicians in line with the all-Wales Policy.

7 Some areas for individual reflection

1. How are you supporting patients to make timely and informed decisions?
2. Could you find patient information leaflets and supporting guidance about DNACPR? Where would you look? Who would you ask?
3. What standard is your documentation? Does it meet professional and organisational standards?

Further reading
[Summary: Review of Do Not Attempt Cardiopulmonary Resuscitation \(DNACPR\) Decisions for Adults in Wales | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)
[Do Not Attempt CardioPulmonary Resuscitation \(DNACPR\) HDUHB SharePoint](#)



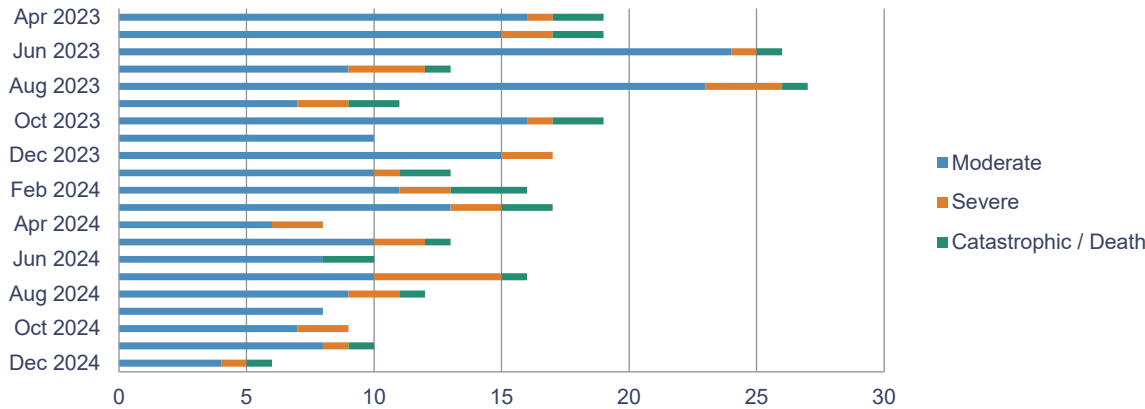

Duty of Candour



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



173 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		9	33	103	0	1	146
	Severe		1	4	3	6	2	16
	Catastrophic / Death		2	4	1	2	2	11
	Total		12	41	107	8	5	173

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	41
Pressure ulcer developed or worsened during care in this clinical care area/caseload	38
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	1
Accident, Injury	34
Slip, trip or fall	32
Patient injury	2
Maternity adverse occurrence	21
Maternity adverse occurrence - Neonate	13
Maternity adverse occurrence - Maternal	8



Learning identified:

- Importance of assessing overall clinical picture
- Consideration of clinical impression when reviewing radiological imaging
- Notification of senior clinician when trauma call made
- Cognitive bias and clinical assessment and diagnosis

Health Board Overview – Outcomes from complaints



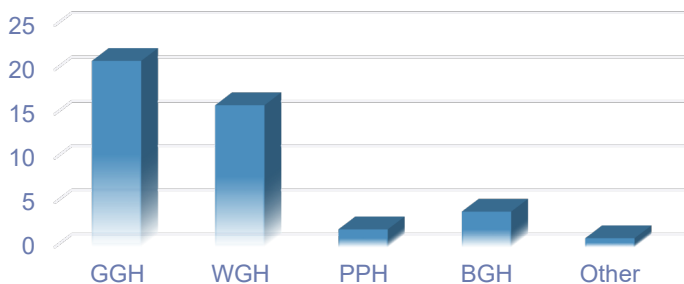
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So far in financial year 2024/25, 76% of complaints were closed within the 30-working day target timescale advised in the 'Putting Things Right Regulations'. The national target is 75%. The average closure rate per quarter is 516 complaints.

186 complaints in Q3 were either closed and not upheld, or upheld but not found to have caused harm. Since April this year, 44 cases have been escalated to redress because failings have, or may have caused harm to patients. These have mostly occurred at our general hospital sites (below).

REDRESS CASES BY SITE 2024/25 (TO DATE)



The failings in care identified through the PTR investigation process have centred mostly on A&E, Women's and Children's Services and Trauma & Orthopaedic specialities.

The number of cases escalated to redress remains lower in Q3 than preceding quarters this year:

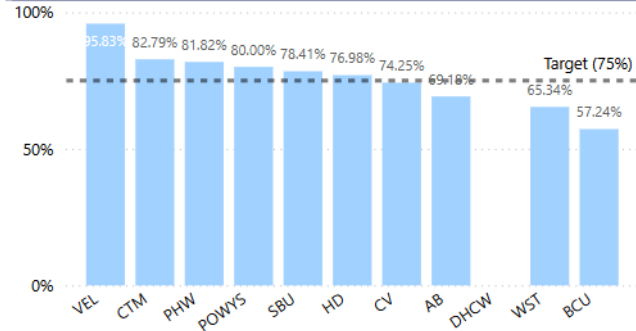
Cases escalated to Redress 2024/ 25	
April	4
May	7
June	3
July	5
August	7
September	8
October	1
November	4
December	5
Total	44

Learning from the Ombudsman

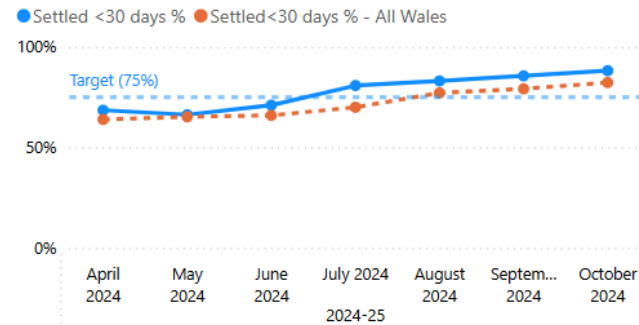
Three new investigations have been commenced by the Ombudsman in the period October-November 2024. There have been 12 decisions not to investigate. Two final reports were received which were both partly upheld. The Health Board agreed to five early resolutions agreements proposed by the Ombudsman in the period.

Health Board Overview – Complaints Management

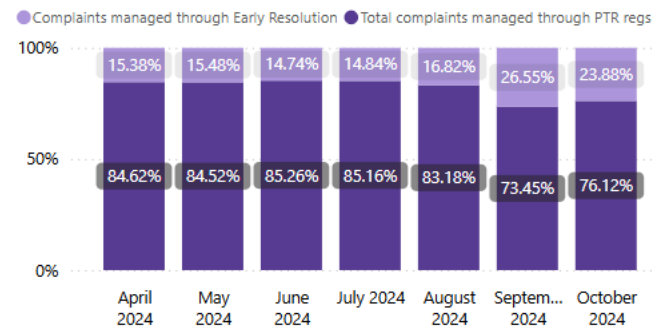
All Wales Putting Things Right (PTR)- Total Complaints Settled with Final Reply (Reg24) + % Settled Inside 30 days



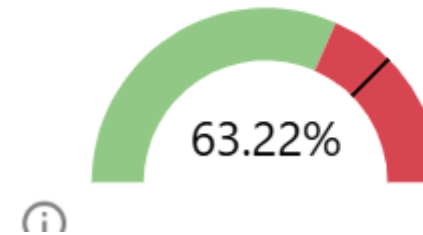
HDU UHB Putting Things Right (PTR)- Total Complaints Settled with Final Reply (Reg24) + % Settled Inside 30 days by Quarter



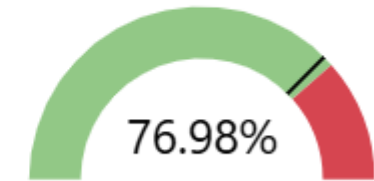
HDU UHB New Complaints Settled Proportion



Hywel Dda UHB proportion of complaints settled within 30 days (financial year 2023-24)



Hywel Dda UHB proportion of complaints settled within 30 days (financial year 2024-25)



This information has been taken from the Beacon Dashboard, which has been produced following submission of validated complaints data by each health body.

The chart shows an improvement in performance since 2023-24 and has remained on an improvement trajectory during the current year, with performance remaining above the all Wales average.

The chart below depicts a reduction in PTR complaints during the previous two months, which we believe has coincided with the pilot triage process in place, resulting in a higher percentage of concerns being addressed as local resolution.

Health Board Overview – Complaints performance

- From 1st November 2024, the Board approved an increase in the time allowed to respond to an early resolution case of 5 working days, the spirit of the revised Putting Things Right (PTR) arrangements. 5 working days was chosen as this is the timeframe allowed for acknowledgments under formal PTR (new stage 2). This together with the new triage arrangements is having a positive impact and improved patient / complainant experience. The PTR cases have reduced further in December, as highlighted in the table below and now number less than half of what they were in Q1 of this year.

Received	
	Managed through PTR
Apr	200
May	207
Jun	218
Jul	226
Aug	179
Sep	168
Oct	205
Nov	144
Dec	100
Grand Total	1647

- Concerns Management/Investigation workshop for senior leaders undertaken on 31st October, in preparation for new PTR implementation 2025 (involving NHS Executive and Welsh Risk Pool (WRP)).

Friends & Family Test (FFT) Patient Feedback by patient type



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An attendance at an outpatient appointment or a discharge from ward or A&E, triggers an invite to patients to share their feedback. The FFT text message is sent out to a patient within 24hrs from being discharged. Survey fatigue is a persistent challenge, to overcome this the system is configured to only send an invite to a patient once over a 3 month period. This can however compromise both response rates and data quality. The CIVICA system ensures we have concise, well timed surveys that use skip logic and mobile-friendly designs.

The tables show the amount of responses we received during this period for each patient type for our acute sites. Our outpatient and our Emergency departments have the highest number of responses due them seeing the highest volume of patients. Our inpatient responses are proportionate to activity in this area. We consistently achieve over 15% response rate, which is nationally recognised as an excellent rate.

Day cases have the highest positive feedback with over 96.1% at Bronglais and 100% at Prince Philip Hospitals. Prince Philip has overall positive feedback of 95.2% with all acute sites receiving over 90% positive feedback.

The following are voice messages of feedback received via the FFT system (click to play):

- <https://youtu.be/oAbKuN7zUfM> CICC MIU
- <https://youtu.be/9WT7MYPqexE> PPH OPD
- <https://youtu.be/Ywo1eINNGsI> BGH A&E
- <https://youtu.be/0txni1cLIEI> WGH A&E

	% Positive	% Negative	Total Responses	Percentage of total responses
Bronglais				
Total	95.0%	5.0%	820	100%
Outpatient	97.5%	2.5%	387	47%
Emergency Patient	90.2%	9.8%	276	34%
Inpatient	96.9%	3.1%	68	8%
Day Case	100.0%	0.0%	64	8%
Paediatric Inpatient	100.0%	0.0%	14	2%
Maternity Inpatient	85.7%	14.3%	7	1%
Maternity Outpatient	33.3%	66.7%	3	0%
Paediatric Outpatient	100.0%	0.0%	1	0%

	% Positive	% Negative	Total Responses	Percentage of total responses
Withybush				
Total	92.0%	8.0%	1270	100%
Outpatient	95.8%	4.2%	618	49%
Emergency Patient	85.1%	14.9%	395	31%
Day Case	96.1%	3.9%	104	8%
Inpatient	91.5%	8.5%	91	7%
Maternity Outpatient	92.5%	7.5%	53	4%
Mental Health Outpatient	80.0%	20.0%	6	0%
Paediatric Outpatient	100.0%	0.0%	3	0%

	% Positive	% Negative	Total Responses	Percentage of total responses
Glangwili				
Total	90.3%	9.7%	2034	100%
Outpatient	93.7%	6.3%	1173	58%
Emergency Patient	80.8%	19.2%	452	22%
Inpatient	88.3%	11.7%	280	14%
Day Case	98.6%	1.4%	72	4%
Maternity Inpatient	83.3%	16.7%	18	1%
Paediatric Inpatient	100.0%	0.0%	15	1%
Maternity Outpatient	100.0%	0.0%	10	0%
Paediatric Outpatient	85.7%	14.3%	7	0%
Mental Health Outpatient	50.0%	50.0%	5	0%
Community & Primary Care Patient	100.0%	0.0%	1	0%
Mental Health Inpatient	0.0%	100.0%	1	0%

	% Positive	% Negative	Total Responses	Percentage of total responses
Prince Philip				
Total	95.2%	4.8%	1668	100%
Outpatient	99.1%	3.4%	1124	67%
Emergency Patient	89.8%	10.2%	316	19%
Inpatient	92.8%	7.2%	113	7%
Day Case	100.0%	0.9%	111	7%
Mental Health Inpatient	96.6%	0.0%	4	0%

Friends and Family Test (FFT) Patient Feedback by location

Bronglais

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	94.9%	5.1%	818	100%
Outpatient Department	97.6%	2.4%	302	37%
Accident and Emergency Department	90.2%	9.8%	276	34%
Cardio-Respiratory Department	97.4%	2.6%	40	5%
Day Surgery Unit	100.0%	0.0%	33	4%
Integrated Sexual Health Clinic	95.5%	4.5%	24	3%
Ceredig Ward	100.0%	0.0%	22	3%
Endoscopy Department	100.0%	0.0%	21	3%
Rhiannon Ward	86.7%	13.3%	15	2%
Clinical Decisions Unit (Green)	100.0%	0.0%	9	1%
Rheumatology Department	100.0%	0.0%	8	1%

Glangwili

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	90.4%	9.6%	2031	100%
Outpatient Department (Blue)	93.4%	6.6%	817	40%
Accident and Emergency Department	79.0%	21.0%	406	20%
Cardio-Respiratory Unit	94.1%	5.9%	124	6%
Madog Suite	92.6%	7.4%	72	4%
Tysul Ward	92.3%	7.7%	69	3%
Aberglasney Suite	98.3%	1.7%	59	3%
Same Day Emergency Care Unit	97.5%	2.5%	43	2%
Picton Ward	81.6%	18.4%	38	2%
Endoscopy Department	100.0%	0.0%	34	2%
EEG/EMG Department	100.0%	0.0%	30	1%

Withybush

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	92.0%	8.0%	1268	100%
Outpatient Department (A)	95.3%	4.7%	366	29%
Accident and Emergency Department	83.5%	16.5%	335	26%
Cardio-Respiratory Department	98.5%	1.5%	141	11%
Same Day Emergency Care Unit	93.0%	7.0%	58	5%
Physiotherapy Department	94.2%	5.8%	57	4%
Gynaecology Care Suite	91.8%	8.2%	49	4%
Medical Day Unit	100.0%	0.0%	34	3%
Ward 4	96.3%	3.7%	30	2%
Day Surgery Unit	85.2%	14.8%	27	2%
Endoscopy Department	100.0%	0.0%	22	2%

Prince Philip

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	95.2%	4.8%	1667	100%
Outpatient Department	96.9%	3.1%	893	54%
Minor Injuries Unit	88.5%	11.5%	272	16%
Cardio-Respiratory Department	100.0%	0.0%	77	5%
Rheumatology Department	87.9%	12.1%	70	4%
Day Surgery Unit	98.2%	1.8%	58	3%
Same Day Emergency Care Unit	97.5%	2.5%	44	3%
Physiotherapy Department	100.0%	0.0%	39	2%
Acute Medical Assessment Unit	85.7%	14.3%	37	2%
Pre Op Assessment Clinic	100.0%	0.0%	36	2%
Endoscopy Department	100.0%	0.0%	27	2%

Community

	% Positive	% Negative	Total Responses	Percentage of Total Responses
Total	93.6%	6.4%	1064	100%
Unmapped	95.7%	4.3%	523	49%
Cardigan Integrated Care Centre	96.7%	3.3%	253	24%
Tenby Cottage Hospital	98.7%	1.3%	80	8%
Hafan Derwen	91.7%	8.3%	56	5%
Aberaeron Integrated Care Centre	88.9%	11.1%	36	3%
South Pembrokeshire Hospital	97.0%	3.0%	33	3%
Amman Valley Hospital	96.8%	3.2%	32	3%
Carmarthenshire	50.0%	50.0%	19	2%
Pembrokeshire	42.9%	57.1%	7	1%
Ceredigion	50.0%	50.0%	5	0%

Community

	% Positive	% Negative	Total Responses	Percentage of Total Responses
Total	93.6%	6.4%	1064	100%
Unmapped	95.7%	4.3%	523	49%
Outpatient	93.9%	6.1%	242	23%
Emergency Patient	97.4%	2.6%	239	22%
Community & Primary Care Patient	45.8%	54.2%	26	2%
Mental Health Outpatient	57.1%	42.9%	15	1%
Inpatient	100.0%	0.0%	12	1%
Other	0.0%	100.0%	4	0%
Maternity Outpatient	100.0%	0.0%	3	0%

Cardio-respiratory have the third highest number of responses with all sites receiving over 94% positive feedback. All Endoscopy departments have received 100% positive feedback for this period. Please note that within the community section is an area called 'unmapped' these are new location codes which are currently being mapped into the system, these are across the Health Board and not just within community. These are being mapped on an ongoing basis.



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	Goal	Latest position				
					Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Infections	Number of hospital onset C.difficile infections	25% reduction, maintained for 3 months	8	6	4	4	7	8	6
	Number of hospital onset Staph aureus infections	33% reduction, maintained for 3 months	3	2	5	3	0	2	3
	Number of hospital onset E.coli infections	25% reduction, maintained for 3 months	7	5	4	5	4	9	5

Table 1. Latest month count of hospital onset (HO)* specimens by acute hospital in Hywel Dda UHB, Dec 24

Additional filters for Table 1.	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY						
Latest month						
Select organism group						
All organisms						
Bronglais General Hospital	0	0	0	0	0	0
Glangwili General Hospital	3	0	1	0	3	0
Prince Philip Hospital	2	0	0	3	0	0
Withybush General Hospital	1	0	1	2	1	0

- < than last month
- = last month
- > than last month

*HO specimens - specimens taken > than 2 days (where day 1 is day of admission) into a hospital inpatient stay.

Table 1. Latest month count of specimens by HB, Dec 24

Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Latest month							
Select organism group							
All organisms							
■	< than last month						
■	= last month						
■	> than last month						
	Aneurin Bevan UHB	18	2	9	27	7	2
	Betsi Cadwaladr UHB	33	0	11	45	9	4
	Cardiff and Vale UHB	11	1	12	22	9	2
	Cwm Taf Morgannwg UHB	17	2	9	25	18	0
	Hywel Dda UHB	12	0	8	22	11	1
	Powys THB	2	0	0	0	0	0
	Swansea Bay UHB	23	1	11	16	12	5
	Velindre NHST	1	1	0	0	0	0
	Wales	117	7	60	157	66	14

Table 1. Current FY rate per 1,000 hospital admissions of specimens by HB, Apr - Dec 24

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	2.83	0.16	1.63	3.61	1.19	0.41
	Betsi Cadwaladr UHB	3.63	0.15	1.63	5.31	1.38	0.25
	Cardiff and Vale UHB	3.17	0.1	2.57	4.14	1.84	0.6
	Cwm Taf Morgannwg UHB	2.58	0.12	1.85	5.25	1.7	0.22
	Hywel Dda UHB	3.47	0.12	2.15	6.29	1.85	0.46
	Powys THB	20.2	0	1.01	1.01	0	0
	Swansea Bay UHB	4.34	0.08	1.97	3.6	1.91	0.28
	Velindre NHST	1.61	0.4	0.4	4.04	3.23	0
	Wales	3.34	0.13	1.9	4.62	1.59	0.36

- 150 cases of C.diff within the health board this financial year to date. 130 reported at this point for 23/24
- From July 2024 the data set displays less variance
- Progress is being made towards a reduction in comparison to 2023/24 data

Actions

- C.diff infection (CDI) Improvement Group established with Deputy medical director chairing. Meeting arranged for 21/01/2025
- Continued use of DiffX and HPV disinfection, working collaboratively with Estates and Hotel Facilities.

Targeted work

- Review of November data and scrutiny of cases demonstrated a period of increased incidence for 2 wards in PPH and 1 ward in Bronglais General Hospital (BGH)
- Cases were not linked in time or person to suggest a transmission event
- Genome sequencing has been completed, strains are those already circulating within the HDUHB
- Existing actions are being revisited, this include but are not limited to-
 - Reviewing practices
 - Hand hygiene audits
 - Environmental audits
 - Environmental decontamination- collaborating with hotel facilities and estates and use of HPV.
 - Providing teaching around C.diff and transmission

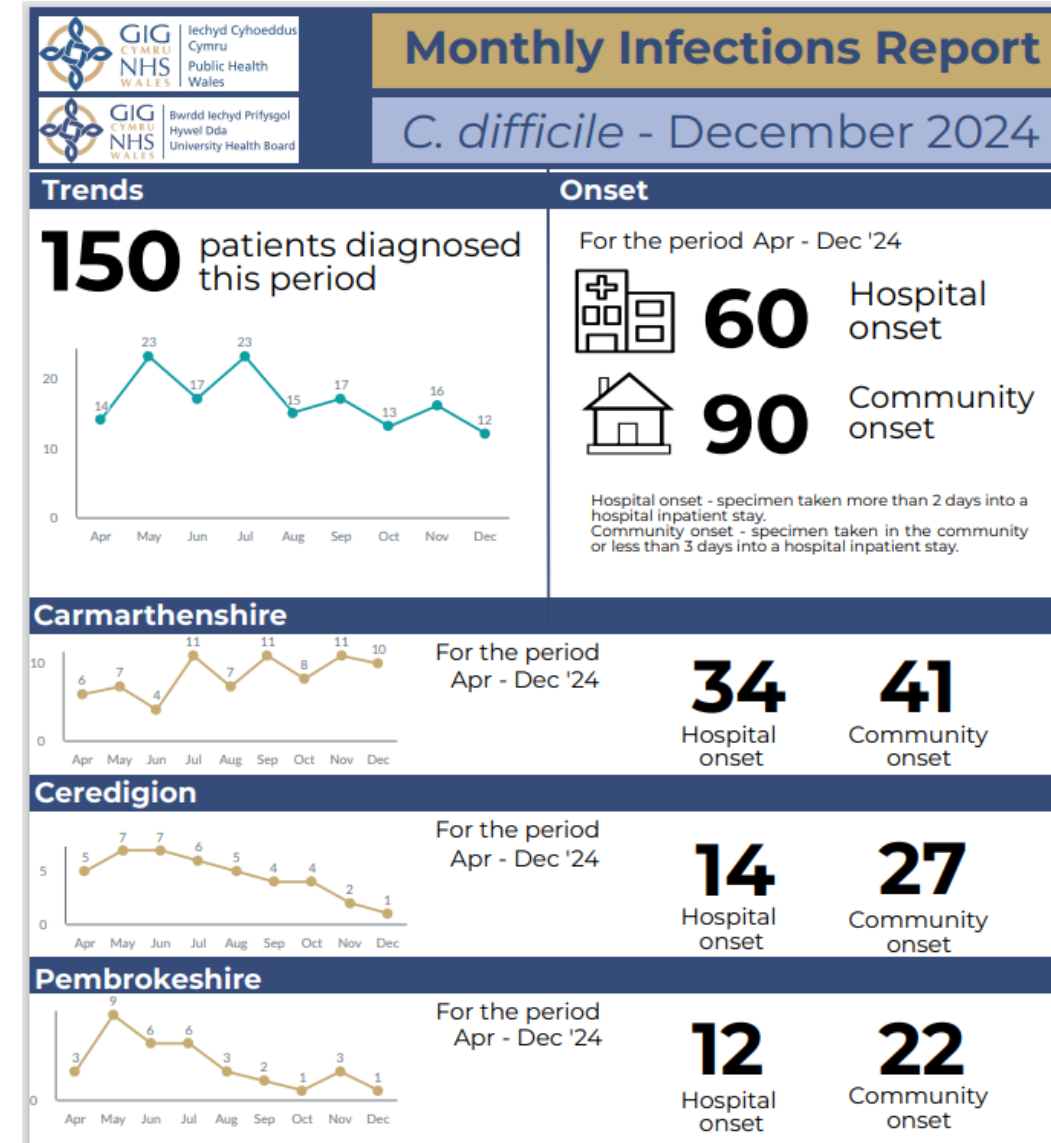
C.diff relapses and FMT

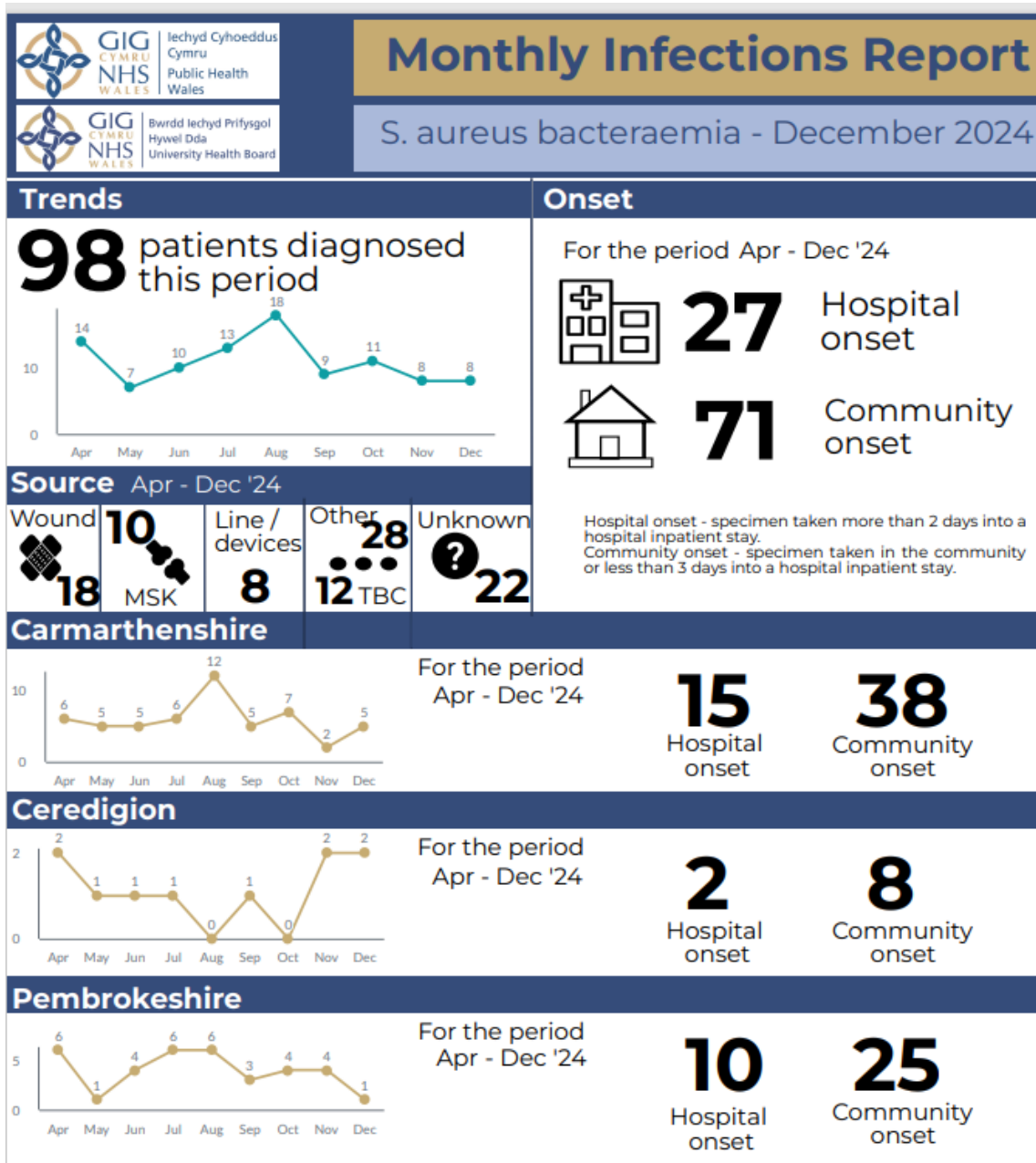
From 1st April 2024 to November 2024 there have been a total of 11 patients with a relapse and 3 patients with 2 relapses of C.diff infection

For 1st April 2023 to 31st March 2024 there was a single patient suffering 5 episodes, 8 patients with 2 relapses and 19 patients with a single relapse of C.diff infection.

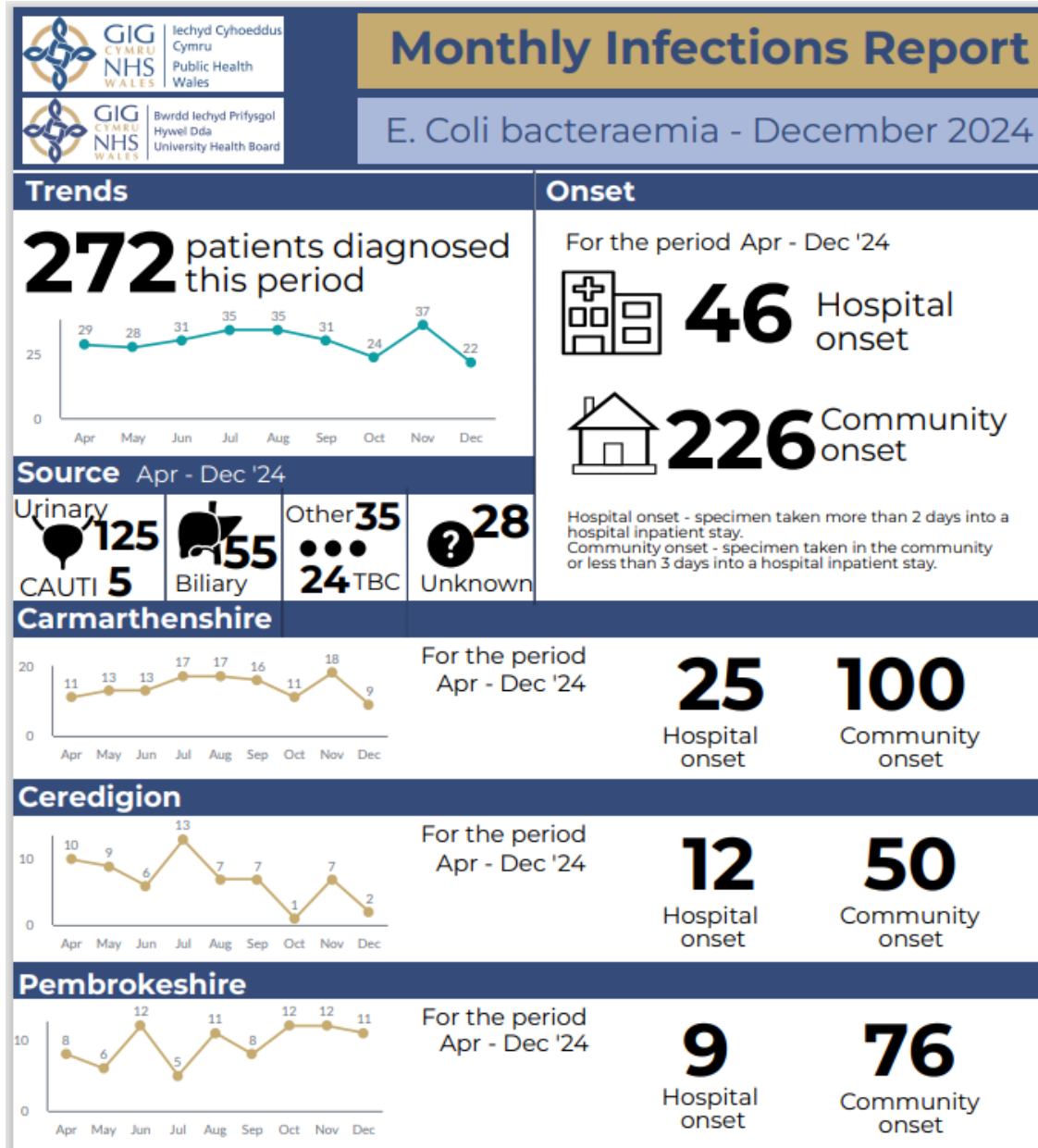
This suggests the work with FMT is having a positive impact-

- 10 FMT procedures have been carried out in the HB since 1st April 2024 with a 70% success rate
- Clinician and microbiologist engagement in the process





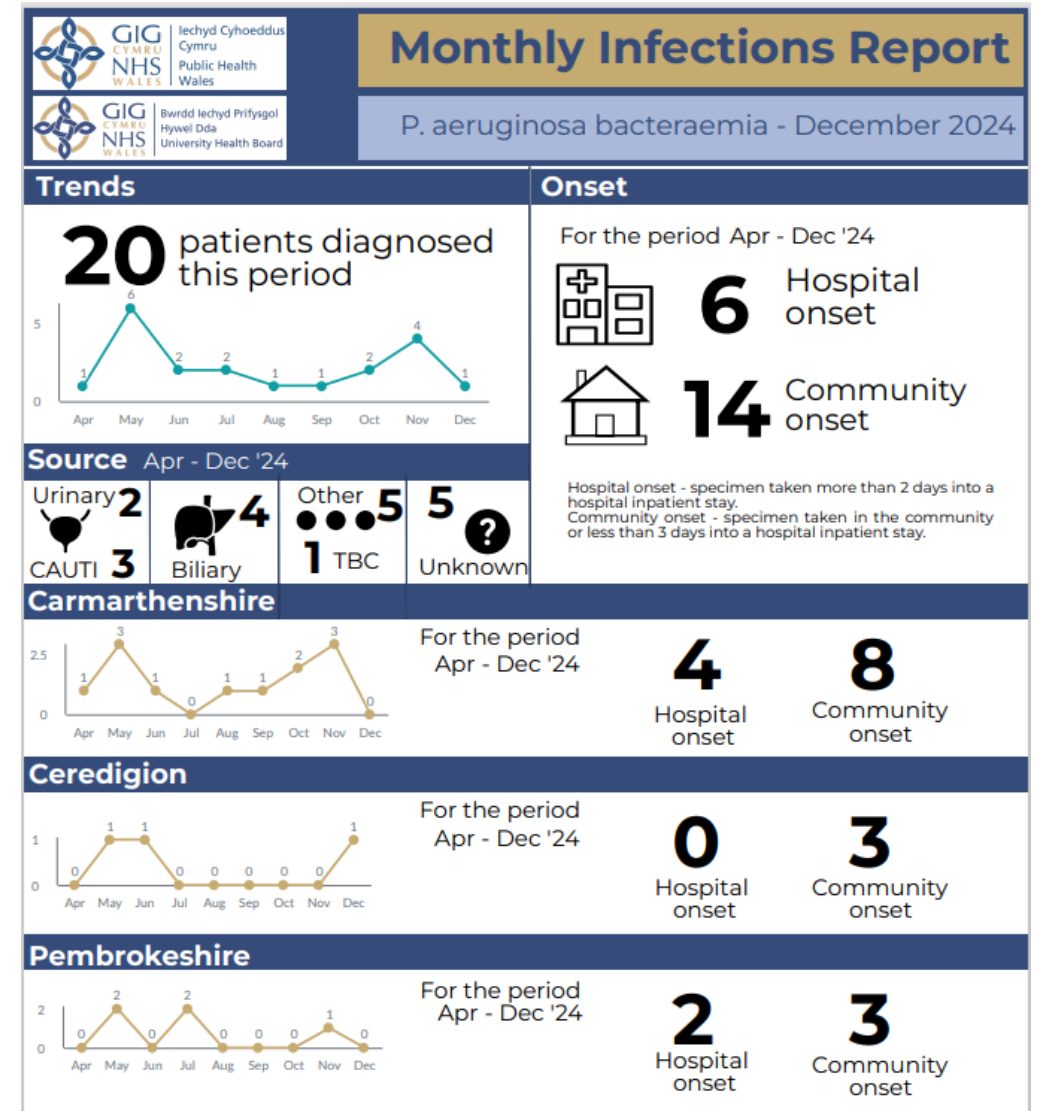
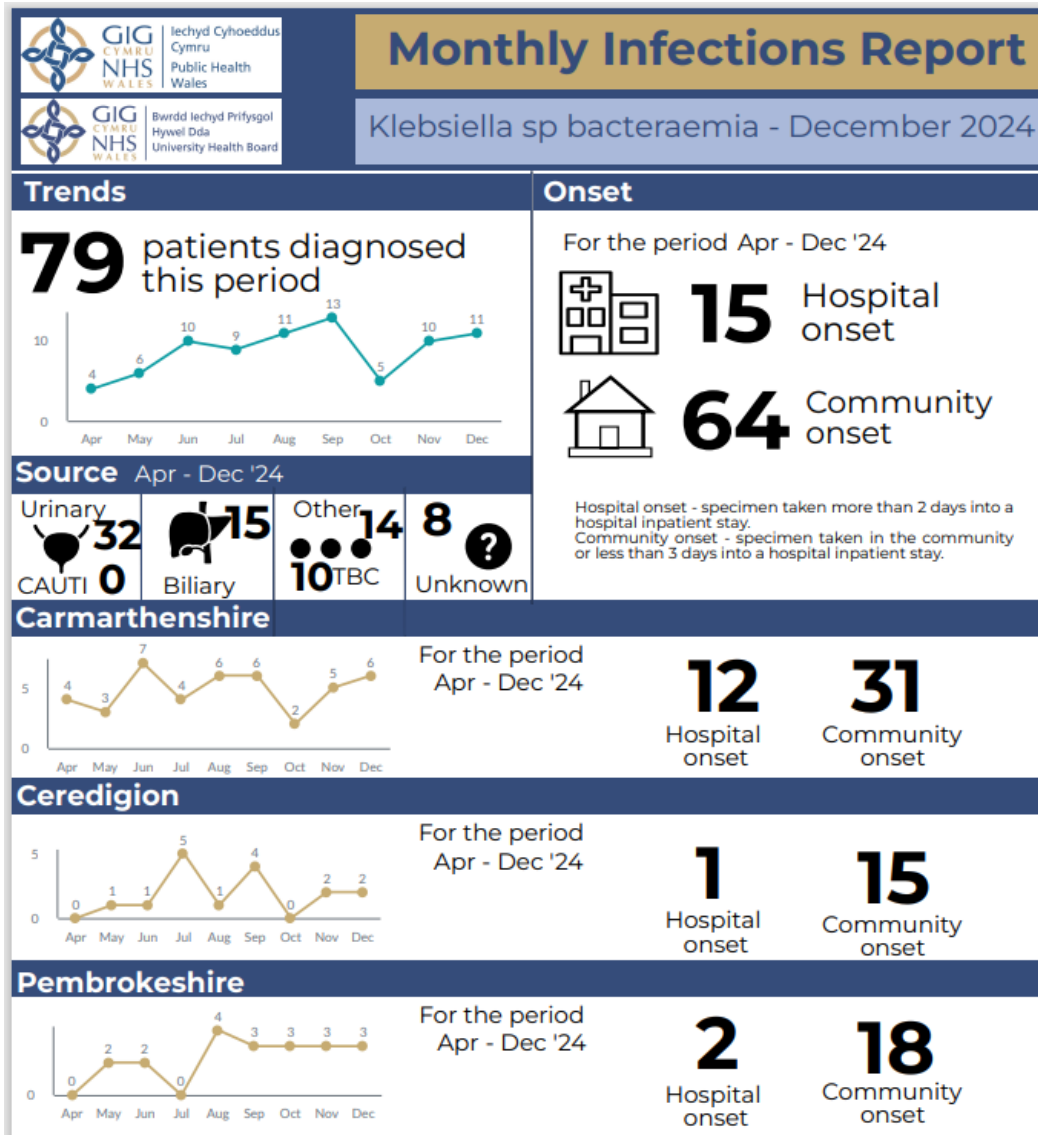
- Some improvement in Aseptic Non-Touch Technique (ANTT) compliance 79.3%, this is an increase from 77.6% in October
- 1 case relating to dialysis unit- device related
- Peripheral Venous Catheter (PVC) bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity
- 25% cases in December were hospital onset and 38% cases for December were hospital onset



- Spike in E.coli cases for November 2024
- Less variance noted thought data set
- Lower cumulative rate in comparison to previous year and below trajectory
- 3 cases with a hepatobiliary source and 4 with a urinary source

Actions

- Continued education of staff around catheter and device care
- To continue to profile Aseptic Non-Touch Technique (ANTT)



Outbreaks Jan 2025 / Areas of Concern

Hospital Site	Number of outbreaks	Organism	Bed days lost
BGH	0	N/A	0
GGH	1	Norovirus/ C.diff	5
PPH	1	Influenza A/ Norovirus	61
WGH	0	N/A	0

A number of infection control concerns have arisen since the last report to QSEC

- Prince Philip Hospital (PPH) cluster / period of increased incidence (PII) of C.diff
- Glangwili General Hospital cluster of Verona Integron-encoded Metallo- β -lactamase (VIM) Pseudomonas

Actions

VIM Pseudomonas

- Water testing has been completed and actions taken to mitigate future risk
- Refurbishment work on ward with a trial of Hypochlorous acid to treat sinks/ drains

C.Diff and other infections

- Healthcare Acquired Infection assurance / scrutiny meetings held. Cases discussed and antimicrobial stewardship highlighted.
- Feedback to C.Diff Infection (CDI) Improvement group
- Plan for deep cleaning / HPV of wards in PPH

HIW / CIW / HTA inspection activity:

01/08/24 – 30/10/24



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There has been 1 new inspection report published by Health Inspectorate Wales (HIW) for Bryngolau ward (see below), but no further reports were published by Health Inspectorate Wales (HIW) or the Human Tissue Authority (HTA) relating to the Health Board in the period 1st November 2024 to 31st January 2025.

<https://www.hiw.org.uk/system/files/2024-12/20241205PrincePhilipHospitalEN.pdf>

HIW undertook an unannounced inspection of Bryngolau Ward, Prince Philip Hospital on 2nd – 4th September 2024. There were a number of areas of immediate concern identified relating to health, safety and security and during the inspection and the immediate improvement plan was submitted on 9th September to address those concerns. The report has since been published and actions are underway as shown on the following slides.

We have received a number of assurance queries from HIW during the reporting period.

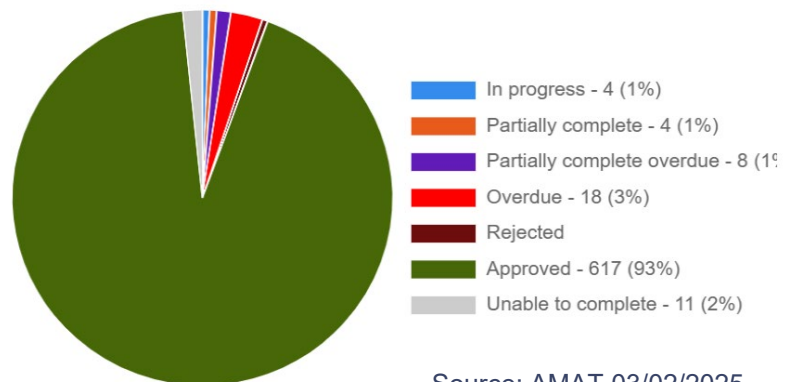
All open HIW / other body inspection actions plans are chased on a bi-monthly basis and escalated if no progress is seen within 14 days. Directorates are able to log into the live AMaT system and update their own actions and upload evidence of completion.

Directorates are actively supported and engaged 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.



HIW Quality Checks/Inspections: Reviews and inspections

Improvement Actions relating to HIW reviews



Source: AMAT 03/02/2025

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

	Position Feb 2024	Position as at 21 Jan 2025
Overdue	51	14
Partially complete (overdue)	17	9
Partially complete	1	5
In progress	119	8

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
12	141/234 (60%)	7/11 (64%)	0	0	4	4	8	18	6	0	3	225

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
22	193/193 (100%)	10/10 (100%)	0	0	0	0	0	0	5	0	0	392

HIW Quality Checks/Inspections: Open reviews and inspections

Code	Title	Type	Date of inspection	Origin	Recommendations	Actions
Healthcare Inspectorate Wales (HIW)/2024/395	Bryngolau Ward, Prince Philip Hospital	New	02/09/2024	Healthcare Inspectorate Wales (HIW)	40	50
Healthcare Inspectorate Wales (HIW)/2024/302	Glangwili Hospital – Morlais Ward	New	01/07/2024	Healthcare Inspectorate Wales (HIW)	9	17
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	New	31/07/2022	Healthcare Inspectorate Wales (HIW)	19	19
Healthcare Inspectorate Wales (HIW)/2024/396	HIW Children and Young People Mental Health Review	New	05/02/2024	Healthcare Inspectorate Wales (HIW)	20	None
Healthcare Inspectorate Wales (HIW)/2023/152	HIW DNACPR Review (Dec 2023)	New	18/12/2023	Healthcare Inspectorate Wales (HIW)	17	19
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	35
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	32

HIW Quality Checks/Inspections: Open reviews and inspections (continued)

Code	Title	Type	Date of inspection	Origin	Recommendations	Actions
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	13
Healthcare Inspectorate Wales (HIW)/2022/50	HIW National Review of Patient Flow (Stroke Pathway)	New	14/03/2022	Healthcare Inspectorate Wales (HIW)	46	53
Healthcare Inspectorate Wales (HIW)/2021/12	HIW St Caradog ward, Withybush Hospital	New	01/08/2021	Healthcare Inspectorate Wales (HIW)	2	3
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	24
Healthcare Inspectorate Wales (HIW)/2016/146	HIW Thematic Review of Ophthalmology 2015/16 issued January 2016 (HISTORIC REPORT MONITORED BY ASSURANCE AND RISK TEAM)	New	01/01/2016	Healthcare Inspectorate Wales (HIW)	3	3

Our Safety Dashboard - developments



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The Performance, Informatics and Quality Assurance and Safety Teams have been working with colleagues to further develop the Our Safety Dashboard. A heat map and an assurance score has been introduced along with additional measures.

Our Safety Dashboard - escalation overview

Refresh Date: 19/01/2025



New measures on the dashboard:

- Healthcare Acquired Infection
- Avoidable Venous Thrombo-Embolism (VTE)
- Deteriorating patient

Measure planned for addition in this quarter

- Nationally reportable incidents investigated within agreed timescales
- % of complaints managed through early resolution
- % of complaints referred to the Ombudsman
- Duty of Candour
- Healthcare Inspectorate Wales (HIW) improvement plans

Report home page | Escalation overview | Escalation assurance scores | Escalation trends | HB & Directorate overview | Services & teams overview | HB & Directorate SPC charts | Services & teams SPC charts



Assurance achieved

40%
Dec 24

Total score: 56
Maximum score: 140

Topic	Measure	Oct 24	Nov 24	Dec 24	Trend (Apr 22 - Dec 24)
Incidents	Incidents open >60 days	204	252	232	[Line chart]
	Incidents open >120 days	217	175	147	[Line chart]
	Patient safety incidents closed with moderate or above harm	6	2	1	[Line chart]
Patient experience	Longest open complaint	1105	830	409	[Line chart]
	% complaints responded to within 30 days	47.1%	27.3%	57.1%	[Line chart]
Healthcare Acquired Infection	C diff hospital onset	0	1	1	[Line chart]
	S aureus hospital onset	1	0	1	[Line chart]
	E coli hospital onset	5	2	3	[Line chart]
Patient safety measures	Falls (more than minimal harm - on reporting)	2	6	10	[Line chart]
	Pressure damage (developed or worsened during clinical care)	9	10	7	[Line chart]
	Medication errors - low harm or above on reporting	8	6	14	[Line chart]
	Avoidable VTE (all levels, hospital acquired)	0	0	0	[Line chart]
Deteriorating patient	Unplanned admissions from wards to ITU	n/a	n/a	12	[Line chart]
	ITU admissions from A&E/MIU where the patient waited over 4 hours	n/a	n/a	1	[Line chart]

An example

Quality Improvement Strategic Framework (QISF) 2023-2026



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The QISF was updated in 2023 and approved by Board.



The priority focus of the QISF is the Health Boards Enabling Quality Improvement in Practice (EQIIP)



We are currently running cohort 6 and will be opening submission for cohort 7 in February 2025



To date we have trained over 550 people and supported over 90 projects with over 45 trained improvement coaches



Cohort 6 submissions were not only aligned with the strategic objectives but also the TUEC organisational priorities, we have 11 projects and over 70 participants on cohort 6.



Recent improvements to EQIIP include refresh of the programme and content, update of the programme workbook and delivery of a Health Board Improvement Coach Development programme which had excellent feedback.

Cohort 6 projects:

1. Reducing missed General Practice appointments
2. Hip Fracture 4-hour Target
3. Person Centred Safety Planning
4. Improve patient experience, outcomes and flow within the frailty assessment unit at Glangwili General Hospital
5. To reduce the risk of harm associated with the use Anti-Psychotic medication
6. Pre-operative management of Urinary Tract Infections for Urology patients.
7. Improvement in tracheostomy care in Hywel Dda UHB
8. Optimising Health and Wellbeing in Preparation for Surgery
9. Management of anaemia in pregnancy
10. Prioritisation of medication histories/medicines reconciliation on acute medical units
11. Improvement in Do Not Attempt Cardiopulmonary Resuscitation decision making and communication

RCN Report: Corridor Care Crisis



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On 16th January 2025, the Royal College of Nursing published a report [On the Frontline of the UK's Corridor Care Crisis](#). The report documents the experience of more than 5,000 NHS nursing staff.

The RCN reports that almost 7 in 10 (66.8%) of respondents said they were “delivering care in overcrowded and unsuitable places – such as corridors, converted cupboards and even car parks – on a daily basis.”



What is our patient experience data and feedback data telling us?

Common Themes:

1. Corridor Treatment:

- Many patients reported being treated or waiting in hospital corridors due to a lack of available beds. This often led to discomfort and a lack of privacy.
- Examples include patients spending multiple nights on trolleys in corridors, being bumped by passing beds, and undergoing examinations in public areas.

2. Chair Usage:

- Numerous complaints about the discomfort of chairs in waiting areas, especially for extended periods. Patients often had to sit in hard, plastic chairs for hours or even days.
- Some patients mentioned the need for better seating options, particularly for those with disabilities or chronic pain.

3. Trolley Issues:

- Patients frequently mentioned being placed on trolleys due to bed shortages. This was often uncomfortable, especially for those with specific medical conditions like chronic back pain.
- There were also mentions of trolleys being used inappropriately, such as for overnight stays without proper monitoring.



Recommendations from Patients:

- Increase the number of available beds to reduce the need for corridor treatment.
- Improve the quality and comfort of seating in waiting areas.
- Enhance communication between medical staff and patients to keep them informed about their treatment and waiting times.

What actions are we taking?

- The operational management leads have acknowledged the RCN report and are considering improvement actions that can be taken.
- The RCN report has been disseminated, and the issues being experienced within the Health Board will be discussed and considered at the next Senior Nurse and Midwifery Team meeting.
- The Health Board's Boarding Policy has been reviewed and has been placed on the Quality, Safety and Experience Sub-Committee agenda for approval.
- At Glangwili General Hospital (GGH), a weekly 'Big Room' has been established for all disciplines across the site at which issues of patient flow are discussed and improvements actions identified. The Getting It Right First Time (GIRFT) report for GGH is an agenda item for this meeting.
- At WGH and BGH, the findings of the latest GIRFT visit are awaited and it is anticipated that improvement actions will be required to address the recommendations.





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:

- Making a difference for patients
- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Improvements to the Our Safety Dashboard
- Quality Improvement Strategic Framework – an update
- RCN Report: On the Frontline of the UK's Corridor Care Crisis



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

Sections:

1. Making a difference – story taken from the news section of the Health Board website
2. Patient Safety Incident Reporting – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
 - 7-minute safety briefing produced by the Quality Assurance and Safety Team
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
7. Our safety dashboard - Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
8. RCN Report Corridor Care:
 - Actions planned provided by Mandy Davies, Assistant Director of Nursing
 - Patient feedback data provided by Jeff Bowen, Head of Patient Experience



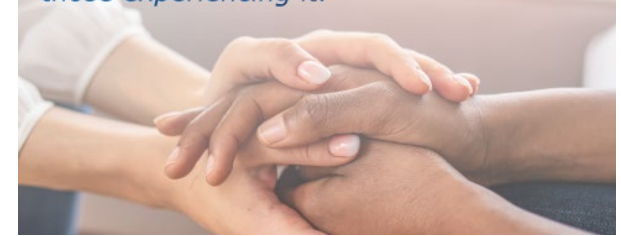
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The Duty of Candour

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

Reference Number	Inspection Title	Recommendation	Action	Directorate	Due Date	Progress Status
Healthcare Inspectorate Wales (HIW)/2016/146/MD1/1	HIW Thematic Review of Ophthalmology 2015/16 issued January 2016 (HISTORIC REPORT MONITORED BY ASSURANCE AND RISK TEAM)	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets)	(Historic HIW monitored by Assurance and Risk Team) Health Boards must ensure that care is provided for those (new or follow-up patients) with the greatest health need first, making most effective use of all skills and resources available.	Scheduled Care	31/03/2022	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2021/12/MD1/2	HIW St Caradog ward, Withybush Hospital	The Health Board should ensure that all issues identified in the fire safety report and the specific risk assessment are resolved in a timely way. The Health Board must submit an updated action plan / progress report to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety.	Major works to be completed. Plans currently out to tender. Construction Phase 1 on target to be commenced 15/11/21. Phase 2+3 to be commenced 03/01/22, completion expected April 2022.	Facilities and Estates	31/10/2022	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2022/19/MD15/2	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	To source a document control system.	Radiology	30/09/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD1/1	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.	a)Development of standards for physical health screening to be incorporated into Service Specifications.	Mental Health and Learning Disabilities	29/09/2023	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/29/MD25/2		The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	o)Review application of MH safe staffing principles and Welsh Levels of Care (Version 3 once published) for use across MH services.	Mental Health and Learning Disabilities	30/09/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD25/3		The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4		The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD26/2		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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD32/1		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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD34/1		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.	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 -Testing assurance of appropriate completion of WARRN -Routine reporting and monitoring of compliance with routine offer of carers assessments -Audit of compliance with Ward Round (MDT Review) standards -Routine report and monitoring of compliance with communication of discharge notifications, discharge letters and discharge summaries against NICE guideline standards -Record Keeping Documentation Audit to include completion and uploading of discharge checklists and communication of discharge plans -Testing assurance of the quality of discharge letters -Routine reporting and monitoring of compliance with 72 hour follow up	Mental Health and Learning Disabilities	31/12/2023	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD34/2		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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD34/4		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.	z)Update reports on progress of the clinical audit programme to be provided to MHL D QSEG in order to provide oversight on outcomes.	Mental Health and Learning Disabilities	31/03/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD6/1		The health board must ensure the inpatient ward round structure and arrangements in place allow for sufficient time for patients to be adequately discussed.	e)Reproduce 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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/29/MD8/1		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.	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	Overdue
Healthcare Inspectorate Wales (HIW)/2023/69/MD1/2		HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	Risk to be added to Service Risk Register to reflect alarm 'blind spot' in specific area of St Caradog Ward to detail mitigations and actions to track resolution of risk	Mental Health and Learning Disabilities	31/12/2023
Healthcare Inspectorate Wales (HIW)/2023/69/MD10/4		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.	Handrails are in place in courtyard and corridors on St Non Ward. Review of handrail needed in bedrooms and bathrooms	Facilities and Estates	31/01/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1		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	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	Overdue
Healthcare Inspectorate Wales (HIW)/2024/302/MD3/1	Glangwili Hospital – Morlais Ward	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	To investigate and agree a maintenance plan for the garden area and agree an implementation plan..	Facilities and Estates	31/10/2024	Partially complete (Overdue)

Healthcare Inspectorate Wales (HIW)/2024/302/MD6/1	Glangwili Hospital – Morlais Ward	The health board must ensure that the outstanding actions identified following the fire safety audit in February 2024 are completed and sustained.	To review the recommendations from the fire safety audit and agree an implementation plan.	Mental Health and Learning Disabilities	31/12/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2024/395/MD8/1	Bryngolau Ward, Prince Philip Hospital	The health board should ensure all Welsh speaking staff and patients can be clearly identified.	Order and distribute Magnetic Badges for all staffs who do not have an embroidered [Welsh Speaker] indicator on their uniform.	Mental Health and Learning Disabilities	31/12/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2024/86/MD4/1	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.	1. A document control system needs to be sourced	Radiology	31/12/2024	Overdue
Healthcare Inspectorate Wales (HIW)/2024/86/MD5/1		Employer must provide HIW with details of action taken to manage entitlement of all duty holders (medical, non-medical and third party across the site). They must provide an action plan detailing when this process will be completed and the mitigation in place in the meantime to promote patient safety.	1. Non-medical referrers (NMRs) to have ongoing bi-annual review. Historic NMRs to be identified and to undergo same process.	Radiology	01/09/2024	Partially complete (Overdue)
Healthcare Inspectorate Wales (HIW)/2024/86/MD6/1		The employer must provide HIW with details of action taken to review and update the process of non-medical referrer clinical evaluation to ensure appropriate up to date training on how to clinically evaluate chest and musculoskeletal general radiography is being performed.	All non-medical referrers who have indicated that they can clinically evaluate images will be reviewed and the matrix will be updated to reflect this. Staff training records will be obtained, appraised and reviewed bi-annually. Audits will be required to ensure competencies are maintained and continuation of referral rights. Failure to supply these documents will be escalated to the Executive Director of Therapies and Health Science/ Executive Director of Nursing, Quality and Patient Experience. An action plan will be developed to ensure that an ongoing process is undertaken, whereby all non-medical referrers are aware of their responsibilities under IR(ME)R 2017. This is to ensure that all non-medical referrers undertake up to date training and provide assurance to the employer that this has been completed in line with Ionising Safety Policy.	Radiology	31/08/2024	Partially complete (Overdue)