GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quality, Safety and Experience Committee
Escalation De-escalation Criteria Progress Update

14th August 2025

Introduction

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board (HDdUHB) remains under a targeted intervention framework as part of the Welsh Government's escalation arrangements for NHS bodies. This report provides an update for the Quality, Safety and Experience Committee (QSEC) on the twelve de-escalation criteria that span service fragility, clinical leadership, infection prevention and patient experience under the remit of QSEC. Each criterion summarises the underlying issue, sets out the latest evidence drawn from Board papers, dashboards and inspection reports, and then gives a judgment of Alert, Advise or Assure. The purpose of the report is to be transparent about progress, highlight where performance is improving and identify areas that still require focused attention. It builds on the Health Board's commitment to compassionate leadership and continuous improvement and is intended to support decision-making about the next steps in the escalation journey.

Targeted Intervention (TI)-2025/547/MD1/3 – Understanding drivers of service fragility

TI-2025/547/MD1/3 – Understanding drivers of service fragility
Lead executive: Sharon Daniel

Issue - The Board must be able to spot early signs of service fragility by triangulating staffing data, feedback from staff and patients, incident reports, mortality reviews and feedback from regulators.

Current status - The Fragile Services Framework rolled out this year uses a heat-map to assess fragility and route high-risk services to the Integrated Quality, Financial Performance and Delivery (IQFPD) Group, QESC and, if necessary, the Board. Initial pilots in diabetes and ultrasound services have generated improvement plans and a Fragile Services Oversight Group has been established. However, some clinical teams still rely on informal intelligence rather than systematic triangulation, and a corporate log of all external recommendations has not yet been created.

Rationale: *Advise* - The methodology is sensible, and early implementation is underway, but the framework is not yet embedded across all services. Consolidating a central register of fragile services (which has been developed) and routinely reporting fragility scores to the Board will be important next steps.

TI-2025/547/MD2/1 – Leadership and improvement planning for fragile services

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TI-2025/547/MD2/1 – Leadership and improvement planning for fragile services
Lead executive: Mrs Sharon Daniel

Issue - Fragile services need clear clinical leadership, integrated improvement plans and dedicated project-management and transformation support.

Current status - Under the new framework each fragile service is expected to appoint a clinical lead and agree an improvement plan. Diabetes and ultrasound services have established improvement groups, and a Fragile Services Oversight Group monitors progress. Nevertheless, several services have yet to appoint formal leads or secure sufficient project-management capacity, and improvement plans are at varying stages of maturity.

Rationale - ***Advise* –** Oversight structures exist, but stronger and clearly aligned clinical leadership and fully resourced improvement programmes are required in every fragile service before assurance can be offered.

TI-2025/547/MD3/1 – Discharging external recommendations

TI-2025/547/MD3/1 – Discharging External Recommendations
Lead Executive: Mrs Sharon Daniel

Issue
Royal College reviews, Healthcare Inspectorate Wales (HIW) inspections and other external reviews have generated multiple recommendations that need to be closed or planned into the Health Board's longer-term improvement programme.
Current Status:
The Health Board has established comprehensive tracking systems through the Audit Management and Tracking system (AMaT), which provides direct access for leads to update progress and upload evidence. Significant measurable progress has been demonstrated, with overdue HIW actions reducing from 51 in February 2024 to 22 by August 2025 (57% reduction), whilst actions in progress decreased from 119 to 25 (79% reduction).

Following the May 2025 HIW correspondence regarding collective concerns about quality governance arrangements, the Health Board engaged in enhanced dialogue with HIW. The Health Board responded comprehensively to HIW's request for assurance in June 2025, with multiple touchpoints maintained throughout the period including responses to concerns about paediatric workforce, mental health provision, radiology staffing and ward assurance.

The tracking infrastructure has been independently verified as robust. However, consistent application and compliance with established processes remains variable across directorates. Whilst individual services maintain action plans, ensuring timely closure and embedding of learning requires strengthened accountability mechanisms at operational level.

TI-2025/547/MD3/1 – Discharging external recommendations

Progress Evidence

The AMaT system currently tracks all external recommendations with the following status (August 2025):

- 22 overdue actions (down from 51 in February 2024)
- 5 partially complete overdue (down from 17)
- 25 in progress (down from 119)
- 152 completed actions from open inspections

This demonstrates that whilst the systems are effective, continued focus on timely implementation and closure remains essential. The reduction in overdue actions by 57% evidences that the improvement trajectory is positive when appropriate focus and resources are applied

Rationale: Alert

The Health Board has demonstrated significant progress in reducing the backlog of overdue actions and establishing effective oversight mechanisms. The tracking systems and governance structures are in place and functioning. The recommendation is to ensure that we can further strengthen accountability and compliance:

- Clear designation of named individuals responsible for each action with defined authority to implement changes

- Realistic timescales agreed with operational teams based on resource availability

- Monthly directorate-level reviews of aged actions with escalation to executives for actions over 6 months old (this will be tracked through our revised internal escalation framework)

TI-2025/547/MD4/1 – Board oversight and response to fragile services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TI-2025/547/MD4/1 – Board oversight and response to fragile services
Lead executive: Ms Sharon Daniels

Issue – The Board must be sighted on fragile services and take timely action to mitigate risks.

Current status - The Board endorsed the Fragile Services Framework in July 2025 and agreed escalation thresholds. Fragility assessments are now reviewed by the IQFPD Group, and services scoring red or amber are then escalated to QESC and then Board. However, there is not yet a regular dashboard for the Board summarising fragility scores, improvement milestones and risk trajectories. However, this is being developed as set out in the July 2025 Board paper.

Rationale: ***Advise* -** escalation routes are defined and early reports have been provided, but systematic, routine Board oversight of fragile services needs to be embedded to move to assurance.

TI-2025/547/MD5/3 – Handling Unscheduled Emergency Care (UEC) concerns, complaints and incidents

TI-2025/547/MD5/3 – Handling UEC concerns, complaints and incidents
Lead executive: Mrs Sharon Daniel

Issue - Urgent and Emergency Care (UEC) remains a high risk on the corporate risk register, and the Health Board must demonstrate that it responds effectively to incidents, complaints and concerns.

Current status - The UEC risk has seen early improvements, but performance remains outside target requirements. HIW acknowledged cultural and leadership concerns and now meets monthly with the Health Board; overdue HIW actions have fallen from 51 to 17 and actions in progress from 119 to 25. The incident dashboard (Our Performance Dashboard) for unplanned care shows that Accident & Emergency (GGH) and the Emergency & Urgent Care Centre hold the largest number of open incidents (around 350 and 158 respectively), with accident/injury, pressure damage and IV-fluid errors among the most common categories. Reported incidents by month have stabilised around 120–200 per month since 2023 and almost all directorates now close over 94 % of incidents. Nonetheless, several incidents remain open for over 600 days, suggesting delays in investigation and learning. The longest open complaint regarding Accident and Emergency is 489 days; whilst the investigation has been completed, timely response to the complaint remains a concern.

Rationale: ***Advise*** – Timely closure of incidents is improving, however the volume of open incidents and the length of time some remain unresolved indicate that learning from events is not consistently timely. UEC teams should prioritise the oldest incidents and ensure learning panels are widely used. Similarly, early resolution of complaints raised and timely responses to complaints would demonstrate effective management of all concerns raised.

TI-2025/547/MD6/1 – Reducing Clostridioides difficile infections

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TI-2025/547/MD6/1 – Reducing Clostridioides difficile infections
Lead executive: Mrs Sharon Daniel

Issue - The TI de-escalation criterion requires a 25 % reduction from the Q3 2023 baseline of eight C. difficile cases with hospital onset to a maximum of six cases per month, sustained for three months.

Current status - Between January and June 2025 the Board reported monthly C. difficile counts of 8, 4, 6, 8, 8 and 10 cases. The average (7.3 cases per month) remains above the six-per-month target, and the June 2025 spike of 10 cases indicates ongoing volatility (to note, there has due to increased incidence of norovirus been increased testing which has led to incidental CDiff infection being identified). Infection-prevention slides show that 28 of 48 C. difficile cases during April–June were hospital-onset, with the remainder community-onset, and that Carmarthenshire accounted for 16 of these hospital cases. Environmental cleaning challenges, particularly at Prince Philip Hospital (PPH), continue; deep cleaning and hydrogen-peroxide vapour (HPV) decontamination are being conducted, and patients have been identified for faecal microbiota transplant (FMT) therapy pending supply. Mandatory aseptic technique training stands at 75 % and no new outbreaks have been reported since the last update.

Rationale: *Alert* - despite active improvement work, the reduction target has not been achieved and hospital-onset cases remain high. A strengthened antimicrobial stewardship programme, consistent ward-level cleaning and timely access to FMT are needed to realise the required sustained reductions.

TI-2025/547/MD7/1 – Reducing Staphylococcus aureus bacteraemia

TI-2025/547/MD7/1 – Reducing Staphylococcus aureus bacteraemia
Lead executive: Mrs Sharon Daniel

Issue - The target is a 33% reduction in hospital-onset Staphylococcus aureus bacteraemia from a baseline of three cases per month to no more than two cases per month, sustained for three months.

Current status - From January to June 2025 the Escalation Report reported 2, 4, 4, 3, 3 and 3 hospital-onset S. aureus cases respectively, averaging 3.2 per month. In the same(April to June) period 31 patients were diagnosed across the region, but only nine were hospital-onset; the remainder occurred in the community. Most sources related to wounds, musculoskeletal sites or lines/devices. Aseptic non-touch technique (ANTT) compliance is 82.6 % (this is the e-learning element of the training only and IPSSG have supported the recommendation that there be discussion to include the assessment element of the training on ESR so that full reporting can be achieved), and line-care audits are ongoing.

Rationale: *Alert* - although hospital-onset cases are low in absolute numbers, the average remains above the two-per-month target and improvement has plateaued. Achieving the reduction will require more consistent adherence to line-care bundles and targeted action in wards with recurrent cases.

TI-2025/547/MD8/1 – Reducing Escherichia coli bacteraemia

TI-2025/547/MD8/1 – Reducing Escherichia coli bacteraemia
Lead executive: Ms Sharon Daniel

Issue - A 25 % reduction from the baseline of 6.7 cases per month means hospital-onset E. coli bacteraemia should not exceed five cases per month.

Current status - The first six months of 2025 recorded 0, 5, 8, 6, 5 and 7 hospital-onset E. coli cases, averaging 5.2 per month. Monthly infection report slides show that, of 83 E. coli cases between April and June, only 19 were hospital-onset while 64 were community-onset; urinary tract infections were the predominant source, followed by biliary tract infections and catheter-associated urinary tract infection (CAUTI).

***Rationale: Alert* –** the average remains just above the five-per-month threshold and performance is inconsistent. Reductions will rely on focused efforts to prevent urinary and biliary infections, including catheter-care audits, hydration initiatives and public-health interventions for community cases (although acknowledging that community infections is outside of the scope of escalation).

TI-2025/547/MD9/1 – Addressing root causes of HCAIs

TI-2025/547/MD9/1 – Addressing root causes of HCAIs
Lead executive: Mrs Sharon Daniel

Issue - Beyond meeting numerical targets, the Health Board must demonstrate that it understands and addresses the underlying drivers of hospital-acquired infections (HCAIs).

Current status - The Infection Prevention Strategic Steering Group oversees a comprehensive programme. Quality-planning measures include an annual work plan, compliance with Welsh Health Circulars (WHCs) on antimicrobial resistance and HCAI improvement, and collaboration with public health and community services. Quality control efforts involve standardising assurance meetings across care groups, reviewing policies and benchmarking against national C. difficile frameworks. Quality-improvement activities include reinstated environmental audits, observational audits and action plans, deep cleaning and hydrogen-peroxide vapour decontamination at PPH, purchase of HPV units through targeted estates funding, and monthly HCAI assurance meetings with learning panels. The July slides also note that 75 % of staff have completed level-2 mandatory training and that ANTT audits are profiled across clinical care groups. Despite this robust infrastructure, challenges remain: environmental cleaning is hampered by ageing estates and staffing shortages; community-onset infections account for the majority of C. difficile, S. aureus and E. coli cases; and FMT supply constraints risk delaying treatment for recurrent C. difficile.

Rationale: *Alert* - the Health Board has implemented extensive quality-improvement initiatives and has seen some positives, yet infection rates have not sustainably fallen below thresholds. Tackling environmental limitations, reduction in the use of surge space, improving hand-hygiene compliance and strengthening community infection-prevention partnerships will be key to addressing root causes.

TI-2025/547/MD10/1 – Planned care: concerns, complaints, incidents and patient feedback

TI-2025/547/MD10/1 – Planned care: concerns, complaints, incidents and patient feedback
Lead executive: Mrs Sharon Daniel

Issue - Planned care services, including outpatient clinics and theatres, must manage incidents and complaints effectively while implementing recovery plans for lengthy waiting lists.

Current status - Quality dashboards for planned and specialist care show that incidents by month have fluctuated between 120 and 200 since 2023. Top open-incident categories include maternity adverse occurrences (147 cases), assessment/diagnosis (145) and access/admission issues (114). The longest open incidents have been outstanding for over 600–900 days, indicating delays in closure. Complaint dashboards reveal that new complaints received each month oscillate between 60 and 100, with peaks in June and October 2024. Ophthalmology, orthopaedics and gynaecology carry the highest numbers of open complaints, and some cases have been open for more than 350 days. Improvement actions taken during 2025 include insourcing and training posts for ultrasound, investment to support ophthalmology recovery, and planned replacement of ageing radiology equipment and a new aseptic unit to open in February 2026. On the positive side, there have been zero cataract pathway breaches since Q1 2025, diagnostic waits have reduced by 18 % and Single Cancer Pathway performance has improved above 60 %. However, only 38.15 % of complaints in 2025/26 were closed within 30 days, demonstrating slow complaint resolution.

Rationale: ***Advise*** **-** recovery plans are delivering improvements in waiting times and diagnostic performance (which is a theme within complaints and patient feedback), but the volume and duration of open incidents and complaints highlight weaknesses in implementation of the agreed management process and patient-experience management. Strengthening complaint-handling processes, improving communication with patients and increasing timely investigation of incidents and should be priorities before assurance can be given.

TI-2025/547/MD11/1 – Prompt responses to inspections, incidents and regulatory notices

TI-2025/547/MD11/1 – Prompt responses to inspections, incidents and regulatory notices
Lead executive: Mrs Sharon Daniel

Issue - The Health Board must demonstrate that it responds promptly to HIW inspections, never-events, coroners' reports and Regulation 28 notifications.

Current status - The Beacon dashboard records no never-events in 2025, three in 2024 and four in 2023, and 100 % compliance with patient safety notices. The July HIW activity report notes only two HIW inspections between May and July 2025 and highlights a significant reduction in overdue actions (down from 51 to 17) and actions in progress (119 to 25). A Welsh Government letter confirms that monthly meetings with HIW have been established to share concerns and track progress.

Rationale: *Advise* – the Board has demonstrated a proactive and timely response to regulatory requests, with no never-events being reported in 2025 and a steep decline in overdue HIW actions. However, there are number of HIW recommendations that remain unaddressed and clarity around actions, milestones and owners are required. The reason this is not an Alert (as other HIW based criteria are Alert) is because of zero never events.

TI-2025/547/MD12/1 – Improved patient and family feedback

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TI-2025/547/MD12/1 – Improved patient and family feedback
Lead executive: Mrs Sharon Daniel

Issue -The Health Board aims to increase the proportion of complaints resolved within 30 days and to use patient-experience feedback to inform service improvement.

Current status - Only 38.15 % of complaints have been resolved within 30 days in 2025/26. The People's Experience Framework and the Fragile Services Framework incorporate patient-feedback data, but the impact of these initiatives is not yet evident. Open-complaint dashboards show cases waiting over 350 days for closure. Work is underway to improve the timeliness of responses and to reduce the number of open complaints.

Rationale: *Alert* - initiatives to improve patient and family feedback are progressing, yet current performance against the 30-day standard and the persistence of long-standing complaints highlight the need for further focus or additional actions/considerations. The Health Board should prioritise increasing early resolution of complaints, responding to and closing aged complaints, communicating outcomes to families promptly and embedding learning into service improvements.

Conclusion

Overall, the evidence indicates that the Health Board is making steady but uneven progress against the targeted-intervention criteria. Board engagement, clinical leadership and regulatory responsiveness have strengthened, and there are early signs of improvement in urgent care complaints/incidents, planned care and infection-prevention governance. However, most of the infection-reduction targets remain unmet, fragile-service oversight is not yet fully embedded, and the volume and duration of open incidents and complaints could undermine public confidence. No criterion relating to prompt response to inspections and regulatory notices currently merits an Assure rating. A number of the criteria require ongoing support and monitoring: several attract an Alert rating because key outcomes have not been achieved, while others are graded Advise to reflect progress that has not yet matured into full assurance, but the numbers suggest that there are early impacts. The next steps for the Health Board include establishing a comprehensive tracker for HIW complaints which are clear around the actions/milestones owners and have realistic and deliverables timescales. The on-going rolling out the Fragile Services Framework across all care groups, accelerating actions to reduce hospital-acquired infections, and improving the timeliness of complaint handling and incident closure are essential to support de-escalation within the respective domains. By addressing these system-wide issues while sustaining the positive momentum already achieved, the Health Board can move closer to de-escalation from targeted intervention under the Performance and Outcomes within the Hywel Dda University Health Board Escalation Framework.

Recommendation

- The Committee is asked to acknowledge the measurable progress demonstrated across several criteria, particularly the 57% reduction in overdue HIW actions and improvements in regulatory responsiveness.
- The Committee is asked to note that whilst positive trajectories are evident, six criteria remain at Alert status requiring focused intervention. These Alert areas encompass infection prevention targets not being met, gaps in the systematic discharge of external recommendations and low complaint resolution rates.
- The Committee is requested to endorse the prioritised actions (or any actions/recommendations as amended by the Committee) for the Alert criteria, particularly the need for strengthened antimicrobial actions, mechanisms for external recommendations, and accelerated complaint resolution processes.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Recommendation	Reference Number	Action	Person Responsib	Lead Person	Date Raised	Original Due Date	Current Due Date	Due Date Change	Date Last Updatec	Last Updated By	Action Rating	Progress Status
Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, Audit Wales, HMC, Royal Colleges, Llais etc), mortality reviews, duty of quality / candour, infection protection control, performance, clinical and medical leadership.	Targeted intervention/2025/547 /MD1/3	Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, Audit Wales, HMC, Royal Colleges, Llais etc), mortality reviews, duty of quality / candour, infection protection control, performance, clinical and medical leadership. Please provide a summary of the progress so far and the next steps.	Mr Lee Davies	Mr Lee Davies	29/07/2025	01/08/2025	01/08/2025		29/07/2025	Mrs Katrina Davies	Amber	In progress
Fragile services are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support.	Targeted intervention/2025/547 /MD2/1	Fragile services are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support Please provide a summary of the progress so far and the next steps.	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	Targeted intervention/2025/547 /MD3/1	Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.	Targeted intervention/2025/547 /MD4/1	Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board. Please provide a summary of the progress so far and the next steps	Mr Lee Davies	Mr Lee Davies	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress

Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to UEC. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.	Targeted intervention/2025/547/MD5/3	Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to UEC. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month)	Targeted intervention/2025/547/MD6/1	C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month) Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress

Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)	Targeted intervention/2025/547/MD7/1	Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month) Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)	Targeted intervention/2025/547/MD8/1	E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month) Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress

Addressing the root cause of HCAIs and having effective response mechanisms	Targeted intervention/2025/547/MD9/1	Addressing the root cause of HCAIs and having effective response mechanisms. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care.	Targeted intervention/2025/547/MD10/1	Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress

Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s.	Targeted intervention/2025/547/MD11/1	Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress
Improved patient and family feedback.	Targeted intervention/2025/547/MD12/1	Improved patient and family feedback. Please provide a summary of the progress so far and the next steps	Ms Sharon Daniel	Ms Sharon Daniel	14/07/2025	24/07/2025	01/08/2025	01/01/1900	29/07/2025	Mrs Katrina Davies	Amber	In progress