



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

June 2025



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

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

This report provides information on:

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience including demographics
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Speak Up, Making Meaningful Change
- Welsh Health Circulars

Patient Safety Incident Reporting



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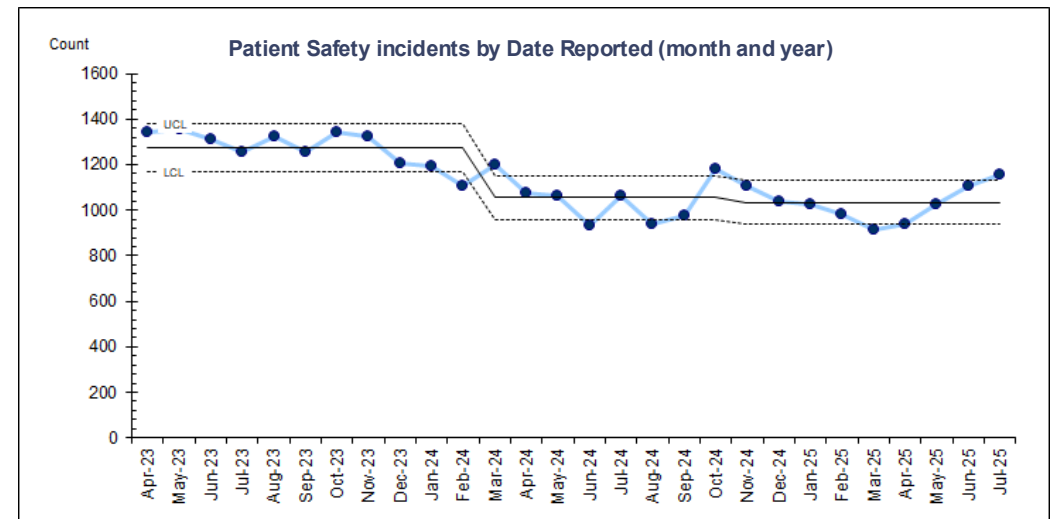
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There were 15,183 incidents reported on Datix Cymru in Hywel Dda UHB between 1st August 2024 and 31st July 2025. Of these, 12,397 were Patient Safety Incidents.

Of the 12,397 patient safety incidents reported, 9,662 have been closed. 83 (0.9%) were closed as moderate, severe or catastrophic harm.

The top 3 incident classifications (patient safety incidents reported between 01/08/2024 and 31/07/2025 and closed as moderate, severe or catastrophic harm) were pressure damage (21); accident or injury (12); and assessment, investigation and diagnosis (9) and treatment and procedure (9). This can be broken down further into the categories.

Pressure ulcer developed or worsened during care in this clinical care area/caseload	18
Slip, trip or fall	11
Treatment or procedure issues	8



*Change to pressure damage reporting in Nov 2023

Exploring the themes within lessons learned

A review, using the support of AI, identified the main themes, within the lessons learned of patient safety incidents reported between 01/08/2024 and 31/07/2025 and closed, were the critical importance of accurate and timely documentation, effective communication and teamwork, adherence to protocols and risk assessments, robust medication management, and ongoing staff training. Patient-centred care, individualised support, and continuous learning from incidents are also emphasised as key to improving safety and quality. Environmental safety and encouraging patient involvement further support a comprehensive approach to care.

- **Accurate and Timely Documentation:** Maintaining thorough, clear, and timely documentation is repeatedly emphasized as essential for patient care, risk assessments, incident reporting, and effective communication among staff.
- **Adherence to Protocols and Risk Assessments:** Following established protocols, conducting regular risk assessments, and implementing safety procedures are consistently identified as key strategies to prevent errors and ensure patient safety.
- **Effective Communication and Teamwork:** Clear communication and strong teamwork among staff, with patients, families, and across departments are highlighted as crucial for safe, coordinated, and efficient care.
- **Ongoing Staff Training, Education, and Supervision:** Continuous staff education, regular training updates, supervision, and sharing of lessons learned are emphasized to maintain high standards of care and prevent recurrence of incidents.
- **Medication Management and Safety:** Careful medication administration, double-checking, and adherence to drug-related procedures are highlighted to prevent errors and ensure patient safety.

These themes have been shared with:

- Clinical Care Groups for consideration through the routine quality report to the Integrated Quality, Performance and Financial Delivery Group
- Departments and Wards through a new newsletter.



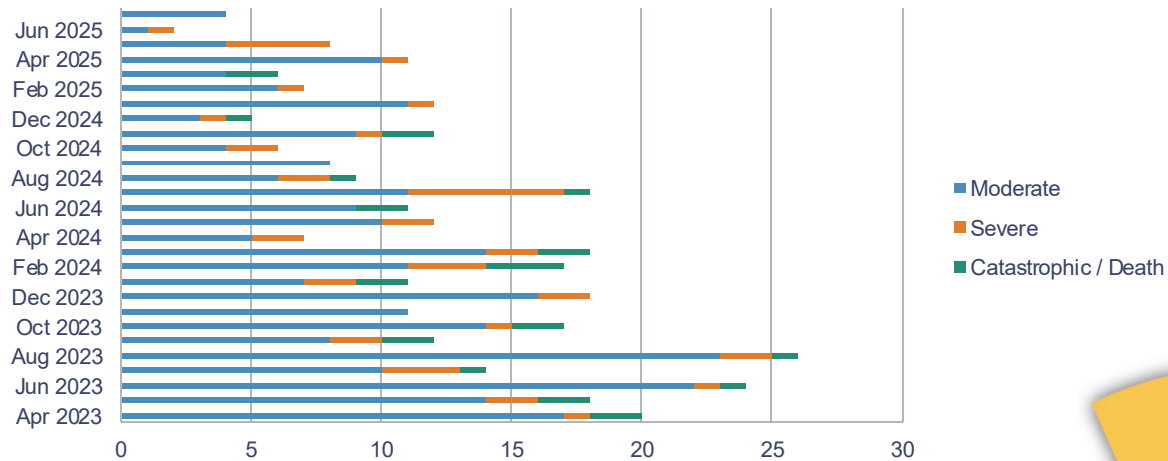
Duty of Candour



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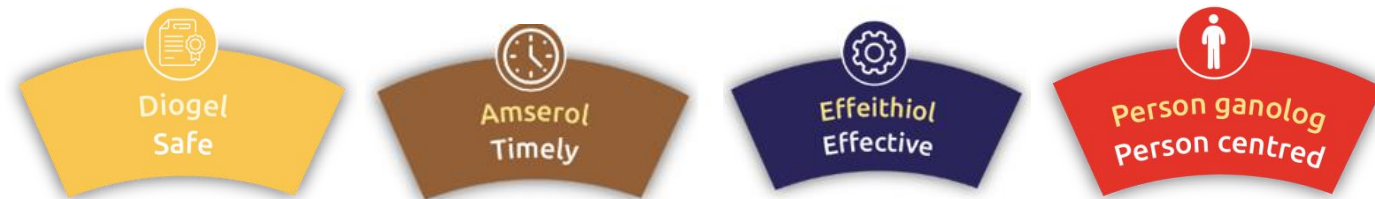
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Patient Safety Incidents by Incident date (Month and year) and Manager's interim harm assessment



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

		Harm post investigation					Total
		None	Low	Moderate	Severe	Catastrophic / Death	
Manager's interim harm assessment	Moderate	14	47	140	3	1	205
	Severe	1	6	4	8	3	22
	Catastrophic / Death	2	5	1	2	3	13
	Total	17	58	145	13	7	240



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	55
Pressure ulcer developed or worsened during care in this clinical care area/caseload	48
Pressure ulcer present before admission to this clinical care area/caseload	4
Pressure from medical device present before admission to this clinical care area/caseload	2
Pressure from medical device developed or worsened in this clinical care area/caseload	1
Accident, Injury	43
Contact with object or animal	
Slip, trip or fall	41
Patient injury	1
Maternity adverse occurrence	29
Maternity adverse occurrence - Neonate	12
Maternity adverse occurrence -Maternal	17

Learning identified:

- Importance of Accurate Documentation and Record Keeping
- Effective Communication and Multidisciplinary Collaboration
- Timely Risk Assessment and Early Intervention
- Adherence to Protocols, Policies, and Training
- Patient-Centred Care and Informed Decision-Making

Service User Feedback 'at a Glance': April 2025 – May 2025



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

NHS People's Experience Framework

40935 individuals were sent our new NHS Wales People's Experience Friends and Family Test Survey, in the format required by the People's Experience Framework.

6354 responded representing a **15 %** response rate. **86.2% gave a Very Good or Good response** to the How would you rate your overall experience question.

1549 were sent the NHS Wales People Experience Survey (PES).

Concerns related to waiting times and care provided in corridors in A&E. A higher number of service users completed the survey during this period, and more were satisfied with the care received.

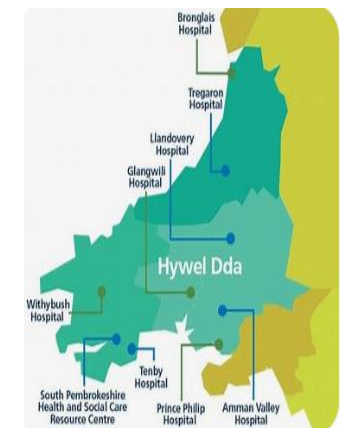
203 compliments were received direct to wards, departments or Chief Executive/ Chair's Office. These frequently highlight the professionalism and compassionate care provided by healthcare teams. Example received about Bronllais Hospital, Endoscopy Team - *"Excellent team, very professional and caring. A big thank you to all concerned. As a healthcare professional myself, I found the whole experience reassuring"*.

Complaints and enquires: 981 new cases were received into Patient Support Services. Of these, **538** were received as **new complaints and 443 as enquiries**. The main reasons for enquiries/early resolutions related to appointments / waiting list queries, attitude and behaviour and communication inefficiencies. During the period a total of **263 complaints were closed**. **160** were responded to **within 5 working days** through the early resolution process.

Public Services Ombudsman

- In the period April/ May 2025 there has been one new investigation. This will look at the medical management of a patient with pancreatitis and whether a cancer diagnosis should have been made earlier.
- There were 9 instances where the Ombudsman decided not to investigate.
- There were 2 complaints made to the Ombudsman prematurely.
- In the same period, there were 4 early resolution agreements made between the Health Board and the Ombudsman.
- There have been no final reports received in April/ May 2025.

1307 calls were made to the 0300 0200 159 Patient support number of which 53 were via the medium of Welsh.



Patient feedback – Demographics

Gender Distribution

Female respondents gave the most feedback, with a strong lean toward positive sentiment. Male feedback was more balanced but slightly more negative. Responses from non-binary or undisclosed genders were fewer and evenly spread across sentiment types.

Age Group Trends

Older age groups, particularly those aged 55 and above, are more prominently represented in both positive and negative feedback. Notably, the 55–64 age group shows a higher proportion of negative comments. In contrast, younger age groups (16–34) are less represented overall but tend to report more positive experiences. The 45–54 age group presents a balanced sentiment distribution, while the 35–44 group shows a slight preference for positive feedback.

Disability Status and Sentiment

Respondents without disabilities were more likely to give positive feedback. Those with limitations (“Yes, a little” or “Yes, a lot”) tended to share mixed or negative experiences, highlighting potential gaps in accessibility and service adequacy. A few who didn’t disclose their status leaned positive, though the sample was small.

Ethnic Group Representation

Most feedback came from Welsh, English, or British respondents, who generally reported positive experiences. In contrast, responses from minority ethnic groups were more varied—particularly those identifying as “Any other Asian background,” who expressed more negative sentiment, suggesting possible disparities for further exploration.



Infection Prevention and Control (IPC): Quality Management System (QMS)



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Quality Planning

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

Quality Control

- Standardisation of assurance/ scrutiny groups in progress
- Reports to and from Clinical Care Groups (CCGs) and subgroups of IPSSG
- Review of Health Board IPC policies
- Self-assessment against C.diff Framework for Wales and attendance at Wales C. diff Focus Forum Meeting.
- Engagement in the C diff Learning Collaborative - Co Design Event
- Review of data sets against TI reduction expectations- disseminated to all services and use of safety dashboards
- Review by AMG and antibiotic pharmacists of compliance to SSTF for each acute site

Quality Improvement

- Assurance/ scrutiny meetings held-all hospital onset/ HCAI are discussed and learning obtained/ action plans implemented, themes derived with a move to learning panels
- Working with managed practices- presenting infographics for infections/ sources/ learning
- Environmental audit programme re-established for high-risk areas. Working with clinical audit team to establish this on AMat
- Observational audits conducted and action plans produced
- Review of Synbiotix scores in relation to IPC audit programme
- Successful trail of HPV units with purchase through SESN 24/18 - Welsh Government (Capital, Estates & Facilities) Targeted ESTATES FUND phased over 2 years for 4 acute sites.
- Deep clean and HPV of PPH linked to C.diff clusters ongoing
- HCID/infectious disease pathway training dates schedules for July and August

Quality Assurance



Performance de-escalation summary

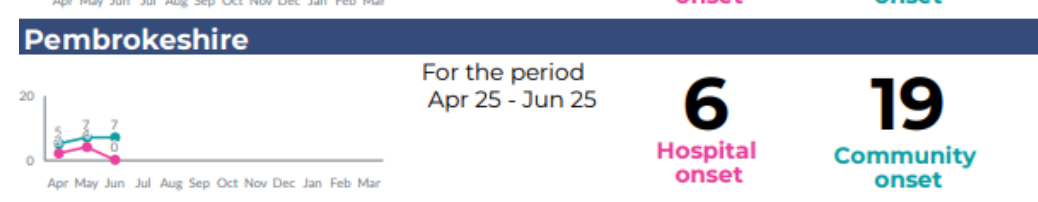
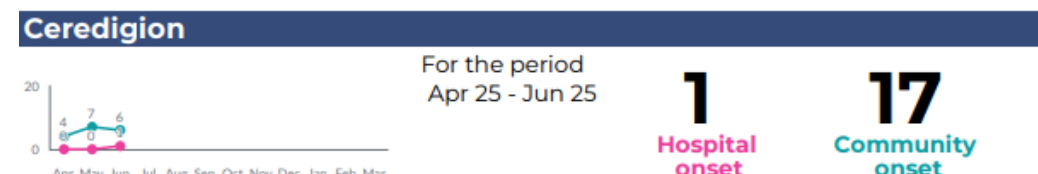
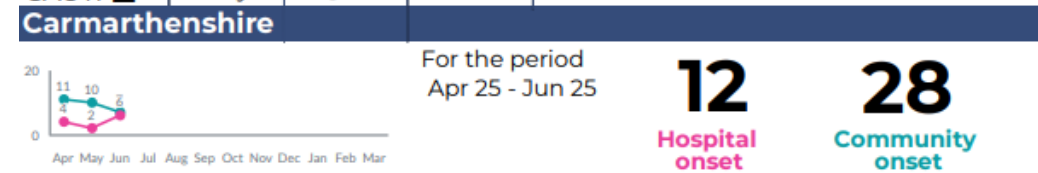
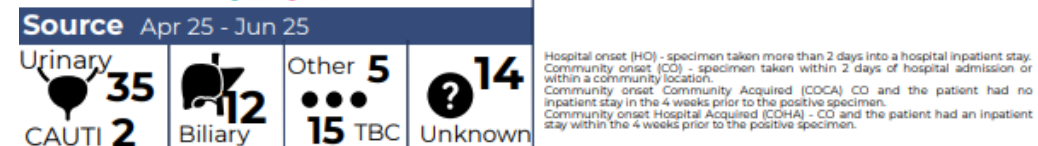
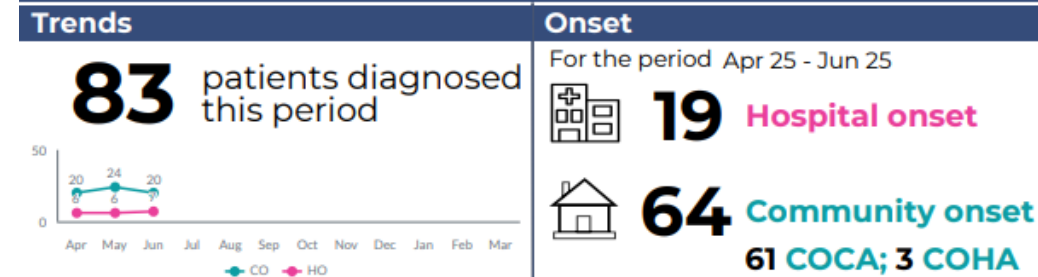
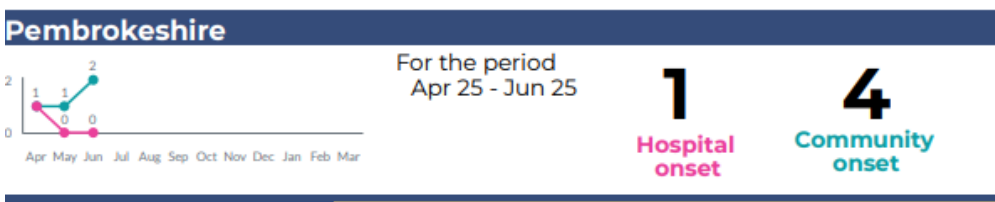
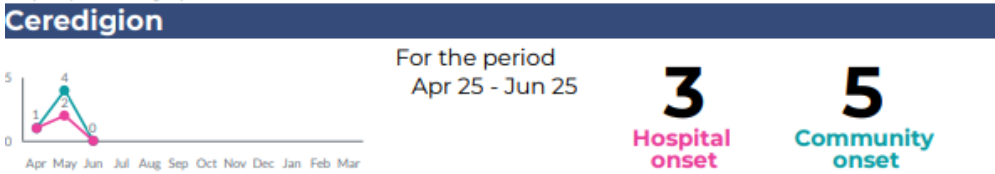
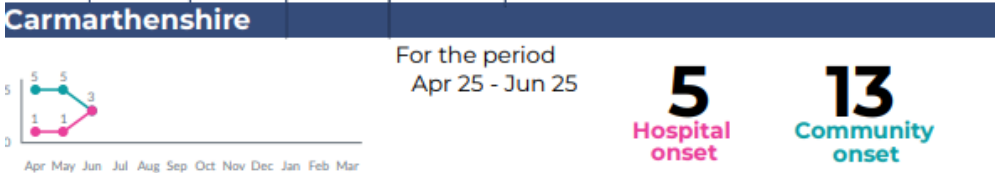
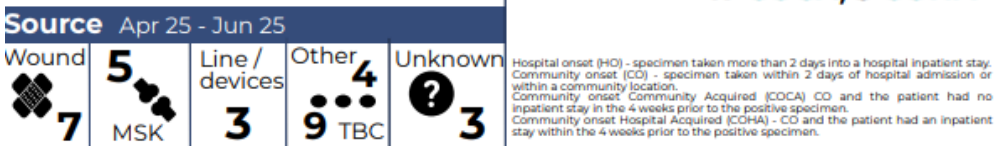
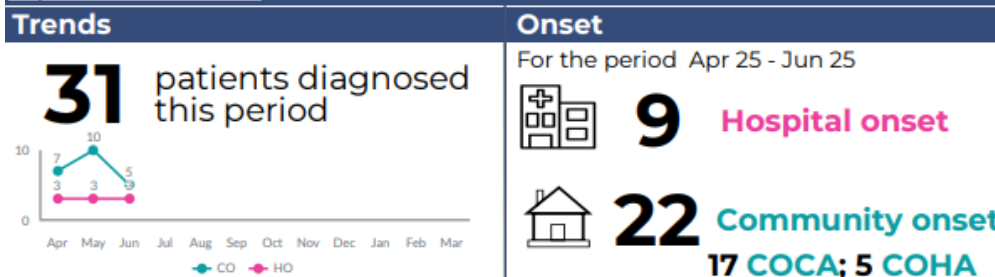
Latest position key

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

	Measure	De-escalation criteria	Baseline	Baseline	Goal	Latest position					
						Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Infections	Number of laboratory confirmed C.difficile cases with hospital onset	25% reduction, maintained for 3 months	8	Baseline (average Q3 23/24)	6	8	4	6	8	8	10
	Number of laboratory confirmed S.aureus bacteraemia cases with hospital onset	33% reduction, maintained for 3 months	3	Baseline (average Q3 23/24)	2	4	4	4	3	3	3
	Number of laboratory confirmed E.coli bacteraemia cases with hospital onset	25% reduction, maintained for 3 months	7	Baseline (average Q3 23/24)	5	0	5	8	6	5	7

¹ Based on population size of Hywel Dda UHB as a proportion of all Wales population (mid year 2022 population estimate sized used)
² Based on all Wales rating as at 7/2/24 (taken from Beacon dashboard)

- All CCGs to review progress against the HB Safety Dashboard
- Review of monthly data from HARP with internal HB analysis and scrutiny and use of infographics
- ANTT 82.57% compliance with HB critical care and other inpatient areas seeking accreditation
- Level 2 mandatory training at 75%. Mandatory training rates now reported at CCG meetings
- Deep cleaning and HPV for PPH on all wards continues.
- Work has commenced on review of community onset infections- working with managed practices and analysis of HCAs.
- There have been no outbreaks since the last IQPD update



Actions:

- ANTT compliance profiled and reported to all CCGs monthly
- Hand hygiene encompassing bare below the elbow profiled and validation audits as indicated
- Ward manager/ Senior nurse hand hygiene audits now on AMAT

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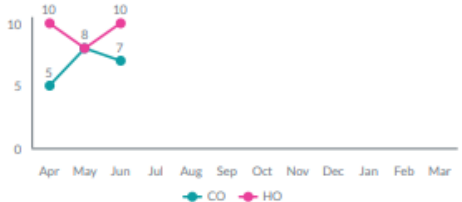
Monthly Infections Report

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Draft C. difficile - June 2025

Trends

48 patients diagnosed this period



Month	CO	HO
Apr	5	10
May	8	8
Jun	7	10

Onset

For the period Apr 25 - Jun 25

28 Hospital onset


20 Community onset

11 COCA; 3 COIA; 6 COHA

Hospital Onset (HO) - specimen taken more than 2 days into a hospital inpatient stay.
Community Onset (CO) - specimen taken within 2 days of hospital admission or within a community location.
Community Onset Community Acquired (COCA) CO and the patient had no inpatient stay in the 12 weeks prior to the positive specimen.
Community Onset Indeterminate Acquisition (COIA) CO and the patient had an inpatient stay more than 4 weeks but less than 12 weeks prior to the positive specimen.
Community Onset Hospital Acquired (COHA) - CO and the patient had an inpatient stay within the 4 weeks prior to the positive specimen.

Carmarthenshire

For the period Apr 25 - Jun 25

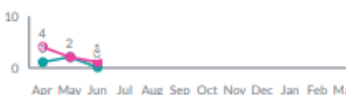


16 Hospital onset

14 Community onset

Ceredigion

For the period Apr 25 - Jun 25




7 Hospital onset

3 Community onset

Pembrokeshire

For the period Apr 25 - Jun 25



5 Hospital onset

3 Community onset

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Monthly Infections Report

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Draft E. coli bacteraemia - June 2025

Actions:

- Deep cleaning of PPH using enhanced technology in Carmarthenshire continues to address the hospital onset C.difficile concerns
- Patients within the HB have been identified for FMT, awaiting supply as all FMT from supplier has been assigned.
- Engagement with the C diff Learning Collaborative - Co Design Event to understand national issues
- All cases discussed at HCAI assurance meetings monthly and the CDI Improvement group continues
- Environmental cleaning continues to be a challenge on all sites due to staff availability, ageing estates and surge/ boarding. Ongoing OCP in Estates and Hotel Facilities CCG

HIW / CIW / HTA inspection activity: 21/05/2025 – 21/07/2025



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There have now been 2 inspections the first in Maternity Glangwili between 13th and 14th May 2025; but no new reports published by Health Inspectorate Wales (HIW) or the Human Tissue Authority (HTA) relating to the Health Board in the period 21st May to 29th July 2025. The second inspection is taking place currently in EUCC at BGH as of 28/07/2025. Feedback is expected to be held on 30th July 2025.

The draft report for the maternity inspection has been received, and the Health Board have provided factual accuracy comments and an improvement plan for the inspection which was mostly positive, with no immediate actions arising. The Health Board awaits the publication of the report in due course.

As an update to the last report, the Health Board have received the following letters from HIW requesting assurance during the period. We also offer a conversation where more than one contact has been received:

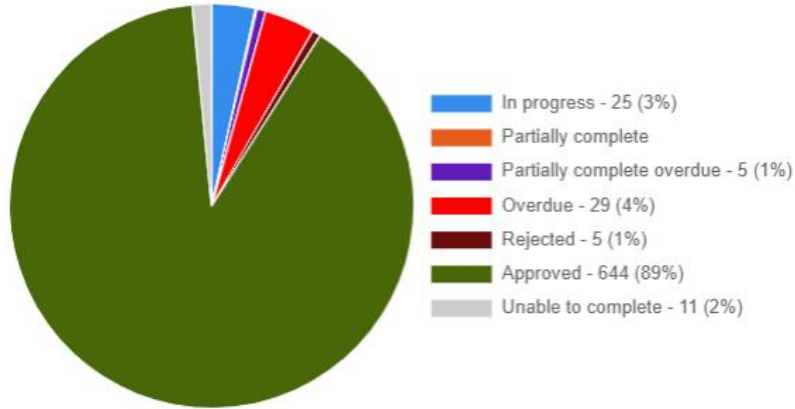
Date of letter	HIW ref	Matter
20/05/2025	13271	Paediatric Medical Workforce – request for update on recruitment progress
20/05/2025	13274	St Non's Ward – request for update
20/05/2025	13272	North Ceredigion Mental Health provision – request for further information
06/06/2025	13747	WGH / Mental Health family concern
11/06/2025	13391	Critical Care – queries re public consultation
11/06/2025	13274	St Non's ward – further details requested / discussed with HIW in a meeting

Date of letter	HIW ref	Matter
08/07/2025	13747	WGH / Mental Health family concern – update requested
08/07/2025	14043	GGH Radiology anonymous staffing concerns
18/07/2025	14165	WGH Ward 10 assurance – assurance re provision for food and water and support for patients on ward
24/07/2025	13747	WGH / Mental Health family concern – outcome date requested. Responded to 29/07/25 to advise plan to share on 8 th Aug 25.

At the QSEC meeting in June 2025, it was agreed that the letter from HIW dated 16th May and the response to HIW providing the information requested in the meeting held by HIW with the Health Board CEO would be shared with committee members as an appendix to this report. The response letter to HIW has been attached as appendix 2.

HIW Quality Checks/Inspections: Reviews and inspections

Improvement Actions relating to HIW reviews Source: AMaT 07/08/2025



	Overdue	Partially complete (overdue)
Estates and Facilities	0	2
Mental Health and Learning Disabilities	16	3
Operational Allied Health and Health Science	5	0
Planned and Specialist Care	1	0

	Position Feb 2024	Position as at 07/08/2025
Overdue	51	22
Partially complete (overdue)	17	5
Partially complete	1	1
In progress	119	25

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
9	97/168 (58%)	1/1 (100%)	0	0	25	1	5	29	5	0	5	152

Completed HIW inspections

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

HIW Quality Checks/Inspections: Open reviews and inspections

Code	Title	MD	SD	WN	PIR	Actions							
						In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
Healthcare Inspectorate Wales (HIW)/2024/395	Bryngolau Ward, Prince Philip Hospital	38/40 (95%)	0	0	0	0	0	1	1	0	0	0	49
Healthcare Inspectorate Wales (HIW)/2024/396	HIW Children and Young People Mental Health Review	0/9 (0%)	0	0	0	14	0	0	9	0	0	0	0
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	19/21 (90%)	0	0	0	0	0	0	2	0	0	0	34
Healthcare Inspectorate Wales (HIW)/2025/565	HIW GGH Maternity Services 03924	0/13 (0%)	0	0	0	11	0	0	1	0	0	0	0
Healthcare Inspectorate Wales (HIW)/2024/302	HIW Glangwili Hospital – Morlais Ward inspection	7/9 (78%)	0	0	0	0	0	1	1	0	0	0	16
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)	14/40 (35%)	0	0	0	0	0	2	7	4	0	0	20
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Worthybush Hospital January 2024	6/9 (67%)	0	0	0	0	1	0	2	1	0	0	10
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	11/18 (61%)	1/1 (100%)	0	0	0	0	1	2	0	0	1	21
Healthcare Inspectorate Wales (HIW)/2024/498	IRMER Regulations	2/9 (22%)	0	0	0	0	0	0	4	0	0	4	2



Speak Up, Making Meaningful Change



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NHS Wales introduced its Speak Up agenda to promote a culture of openness, safety, and continuous learning. The aim is to empower staff at all levels to raise concerns confidently, whether it's about patient care, workforce wellbeing, or systemic issues—without fear of reprisal. By ensuring staff voices are heard, the agenda strengthens public trust, supports professional accountability, and helps prevent future failures in care. It's a proactive step toward creating a more compassionate, responsive health service for everyone in Wales.

A full paper providing an update on the continued implementation and advancement of the Speak Up, Make Meaningful Change (SUMMC) agenda will be presented at the [People, Organisational Development and Culture Committee](#) (PODCC) on 18th August 2025 and at Listening and Learning Sub-Committee on 7th August, to discuss integration of the feedback.. The following slides provide a summary of the full paper to be received by the PODCC Committee.

Steps taken to create a culture where staff feel able to speak up:

- Launch of SUMMC (October 2024) and the Working in Confidence (WIC) Platform
- Consideration of staff survey results and development of action plan to improve areas highlighted
- Creation of a Voices Network



SUMMC continued

The National Staff Survey 2024 outlined progress made, it is encouraging to find that:

- **75 %** agreed or strongly agreed that the organisation encourages staff to report errors, near misses or incidents. **+4.6 %** on 2023 survey
- **76.2 %** felt secure to speak up around unethical behaviours. Aligning to the 2023 result and in line with all Wales result.
- **51.2%** felt that the organisation treats staff involved in error, near miss or incident fairly, a huge increase from 2023 by **+12.8 %**
- When errors, near misses or incidents are reports, my organisation takes appropriate action, so they don't not happen again rose from **50.4 %** in 2023 to **57.7 %** in 2024.

The survey findings also indicate that further efforts are required to fully embed a culture of speaking up across the organisation:

- **55.7 %** felt safe to speak up around anything that concerned them. Which was **+ 4%** against the 2023 result but still **-2.8%** on all Wales average.

The Patient Safety theme also showed signs of encouragement where -

- There was a **12.2%** swing in staff feeling the organisation treated staff involved in an error, near miss or incident fairly.
- **7.1%** increase in staff feeling that the organisation took appropriate actions when errors, near misses or incidents are reported.
- **9.8%** more staff felt that they were given feedback about changes made in response to errors, near misses and incidents.



SUMMC continued

Patient safety

13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	38.1%	<div style="width: 38.1%;"></div>	43.7%	13.6%	<div style="width: 13.6%;"></div>
	2024	50.3%	<div style="width: 50.3%;"></div>	51.8%	14.4%	<div style="width: 14.4%;"></div>
13c) My organisation encourages us to report errors, near misses or incidents.	2023	69.7%	<div style="width: 69.7%;"></div>	73.5%	9.3%	<div style="width: 9.3%;"></div>
	2024	74.2%	<div style="width: 74.2%;"></div>	76.1%	10.5%	<div style="width: 10.5%;"></div>
13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	50.0%	<div style="width: 50.0%;"></div>	52.6%	12.2%	<div style="width: 12.2%;"></div>
	2024	57.1%	<div style="width: 57.1%;"></div>	57.2%	15.1%	<div style="width: 15.1%;"></div>
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	36.1%	<div style="width: 36.1%;"></div>	42.7%	23.0%	<div style="width: 23.0%;"></div>
	2024	45.9%	<div style="width: 45.9%;"></div>	48.4%	25.2%	<div style="width: 25.2%;"></div>

While these findings within the results of the staff survey are highly encouraging, it remains concerning that a significant proportion of survey respondents still reported feeling adversely affected by the patient safety-related questions. This highlights the need for continued focus on fostering a psychologically safe environment where staff feel confident to speak up.



SUMMC continued

SUMMC Statistics

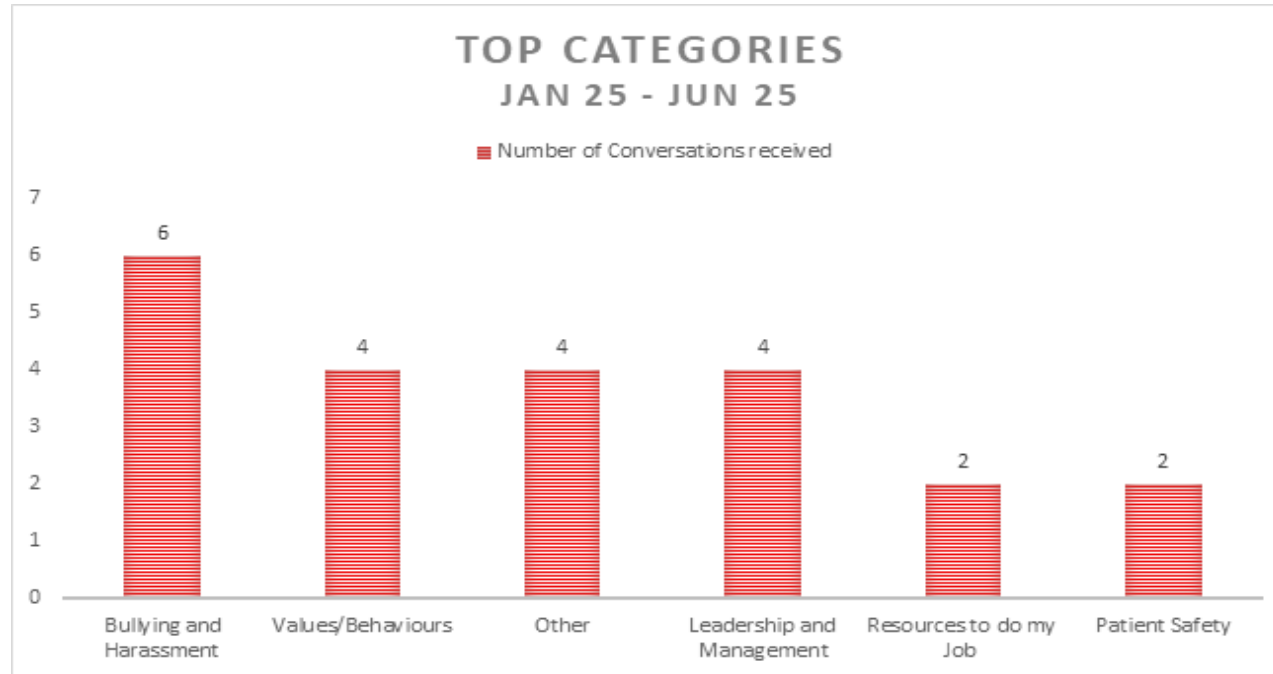
- Creation of 39 new user accounts between January and June 2025, with 34 successfully activated on the WIC platform. This uptake indicates that colleagues are increasingly engaging with the system, supported by ongoing workshops and development sessions designed to enhance familiarity and confidence in its use.
- 22 active responders on the WIC platform, enabling timely and effective responses to concerns raised, reflecting a growing commitment to collaborative communication and continuous improvement.
- In the last 6 months:

Concerns raised	Closed	Open	Average time to first respond	Average time to close
27	22	5	2 days	30 days

- Currently, open conversations relate to the following areas:
 - Bullying and Harassment
 - Breach of Confidentiality
 - Values and Behaviours
 - Patient Safety
 - Clinical Concerns
 - Other



SUMMC continued



Time period	Concerns raised	Closed	Open	Average time to first respond	Average time to close
January 25 - June 25	27 (+42%)	22 (+16%)	5	2 days	30 days
July 24 - December 24	19 (+90%)	19 (+90%)	0	4 days	43 days
January 24 - June 24	10	10	0	1 day	56 days



Speak Up continued

Concern Category	Jan 24 - Jun 24	Jul 24 – Dec 24	Jan 25 – Jul 25	Difference
Bullying and Harassment	1	4	6	+2
Leadership and Management	4	3	4	+1
Other	4	4	4	
Benefits, Rewards and Recognition	0	1	1	
Resources to do my Job	0	1	2	+1
Discrimination	1	2	0	-1
Patient Safety	0	0	2	+2
Thinking of leaving	0	0	1	-1
Values/Behaviours	0	4	4	
Clinical Concerns	0	0	1	+1
Support around Finances	0	0	1	+1
Wellbeing	0	0	1	+1

Category breakdown

- The largest increase in concerns being raised is within the Bullying and Harassment category and Benefits, Rewards and Recognition, conversely Values/Behaviours and Discrimination have both reduced over the last 6 months.
- The inclusion of Patient Safety and Clinical Concerns as categories, in which only the Speak Up Guardian can access to respond, has seen just a small number of concerns raised. The majority were appropriately signposted to be reported as incidents through Datix (the Guardians did not feel that an informal process could be utilised to resolve the issue). The other has been escalated up to the Executive Director of Nursing to gain a suitable response to the concern raised.



SUMMC continued

Evolving the Agenda

Learning Event held 16th July 2025

- Responders, SUG, and members of the Voices Network was held on 16 July
- Reflect on current practices and support continuous improvement in the implementation and management of the agenda.
- Areas discussed included:
 - Leadership
 - Minding the gap – meeting the needs of our multigenerational workforce
 - Fostering psychological safety
 - Development of a Standardised Meeting Narrative
 - Establishment of a Leadership Peer Network
 - Collaborative Measurement Framework
 - Speak-Up Support Toolkit
 - Speak-Up Guardians
 - Storytelling
- The People Experience Framework
- Listening and Learning Sub-Committee – including learning from SUMMC and WIC



Implementation of Welsh Health Circulars (WHCs)



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There are 18 open WHCs aligned to QSEC as at July 2025. Four new WHCs have been issued since the previous report to Committee and one WHC (032-22: Further extending the use of Blueteq in secondary care) has been reassigned to the Digital, Data and Innovation Committee as it pertains to the rollout of a new digital system.

All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements.

Each WHC is assigned a RAG status – the table below provides the definition for each category, along with the number of WHCs assigned to each category as at July 2025, and the number of WHCs noted as completed since the previous report:

RAG Status	Definition	Number of WHCs
Red	Behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	8
Amber	A plan is in place and on schedule to be completed by the timescale provided by the Lead Officer (if a timescale is not provided within the WHC)	8
Green	Completed	5
External	Considered to be outside the gift of the Health Board to currently implement, for example reliant on an external organisation to implement.	2

Oversight of the delivery of WHCs has been included in new Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

WHCs behind schedule (Red)

Welsh Health Circular	Clinical Care Group / Executive Function	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Reason for Red Status	Impact of non-compliance according to risk assessment	Next Steps
006-18: Framework of Action for Wales, 2017-2020 (<i>Not Available Online</i>) – issued Feb 2018	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	Service unable implement due to funding requirements Original Completion Date: 30/04/2022 Revised Completion Date: Not Known	Risk Ref : 1457 Current Risk Score: 12 Impacts: Patients unable to access specialist care in a timely manner, closer to home; Additional pressures on GP capacity	WHC requirements and supporting systems and process to be incorporated into the Annual Planning work stream for 2025/26.
033-18: Airborne Isolation Room Requirements – issued July 2018	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	Service unable to provide implementation date due to capital funding requirements Original Completion Date: 31/07/2021 Revised Completion Date: Not Known	Risk Ref: 1640 Current Risk Score: 15 Impacts: Increased risk of transmission of infectious diseases	To complete a QIA pending discussions at July's Nursing Core Team meeting. To escalate the inability to proceed with implementation via the NQPE Core Team meeting structure to agree next steps.
017-19: Living with persistent pain in Wales guidance – issued May 2019	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	Revised completion date of 31 January 2026 provided to allow time to progress the medical pain service to meet guidelines, improve waiting list and demand and capacity. A review of how to upscale the service and evidence of progress to date has been attached to AMaT. Original Completion Date: 31/01/2025 Revised Completion Date: 31/01/2026	Risk Ref: 2120 Current Risk Score: 12 Impacts: : Patients unable to access specialist care in a timely manner, breaches in achieving RTT	Draft QIA to be sent to the QAST team
009-21: School Entry Hearing Screening pathway - issued March 2021	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	Service unable to provide implementation date due to funding requirements Original Completion Date: 31/01/2023 Revised Completion Date: Not Known	Risk Ref: 1456 Current Risk Score: 8 Impacts: Detrimental impact on quality, accuracy and consistency of screening services provided	WHC requirements and supporting systems and process to be incorporated into the Annual Planning work stream for 2025/26.

WHCs behind schedule (Red) - continued

Welsh Health Circular	Clinical Care Group / Executive Function	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Reason for Red Status	Impact of non-compliance according to risk assessment	Next Steps
004-22: Guidance for the provision of continence containment products for children and young people: a consensus document – issued October 2022	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	Original implementation date of 31 July 2023 lapsed, with revised completion date of 31 Aug 2025 provided Original Completion Date: 31/07/2023 Revised Completion Date: 31/05/2025	Risk Ref: 1615 Current Risk Score: 12 Impacts: Right to independence for children and young people; Access to the same services as their peers	Nursing post that will enable the CCG to comply with WHC requirements approved by Financial Control Group in February 2025. The timeline for implementation has been set as August 2025 to account for the recruitment process.
019-22: Non-Specialised Paediatric Orthopaedic Services - issued June 2022	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	At Planned Care's January 2025 escalation meeting, an action was discussed to re-assign the WHC to Primary Care as elements relating to Planned Care had been completed. Original Completion Date: 30/04/2025 Revised Completion Date: Not Known	No risk noted on Datix.	Service lead to upload relevant evidence to AMAT to support the closure of actions relating to Orthopaedics. Orthopaedic service lead to liaise with colleagues in Primary Care highlighting outstanding actions prior to transferring ownership
006-24: National Clinical Guideline for Stroke, for the UK and Ireland – issued March 2024	Community and Integrated Medicine	Chief Operating Officer / CCG Director for Community and Integrated Medicine	Service unable to provide an implementation date pending progression of the wider Clinical Service Plan Original Completion Date: 30/04/2025 Revised Completion Date: Not Known	Risk Ref: 233 Current Risk Score: 12 Impacts: Delayed assessment and treatment of patients; Increased length of stays	To complete QIA
006-25: Recording of Mental Health Outcome Measures – issued May 2025	Mental Health and Learning Disabilities	Chief Operating Officer / Director of Mental Health & Learning Disabilities	First Task & Finish Group planned for 30 July 2025, following which the CCG will be able to provide an implementation date. Foundation work is underway. Original Completion Date: TBC Revised Completion Date: TBC	TBC	To provide an implementation date for the completion of the WHC.

WHCs in Progress (Amber)

Welsh Health Circular	Clinical Care Group/Executive Function	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	UHB Implementation Date
030-23: New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034 – issued August 2023	Medical Director	Medical Director	Sep-26
002-24: Standards for Competency Assurance of Non-Medical Prescribers in Wales – issued March 2024	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Care	Mar-26
016-24: Healthy Child Wales Programme: for school aged children – issued April 2024	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	Apr-26 Sep-26
035-24: Standardising the management of acute deterioration – issued September 2024	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	Sep-25
040-24: Adopting a patient and family-initiated escalation approach – issued October 2024	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	Sep-25
041-24: Ambulance patient handover guidance – issued October 2024	Community and Integrated Medicine	Chief Operating Officer / CCG Director for Community and Integrated Medicine	Dec-25
017-25: Tranexamic Acid use: Recommendation 7a of the Infected Blood Inquiry (IBI) – issued May 2025*	Chief Operating Officer / Director of Operational Allied Health Professions and Health Sciences	Operational Allied Health Professions and Health Sciences	Jan-26
018-25: Tirzepatide (Mounjaro®) for the management of obesity and overweight – issued May 2025	Operational Allied Health Professions and Health Sciences	Chief Operating Officer / Director of Operational Allied Health Professions and Health Sciences	Jul-25

* Actions which were assigned to the Pathology service have been completed with evidence approved by the Director of Operational Allied Health Professions & Health Sciences. The remaining actions in this WHC sit within the remit of the Theatres service, who have advised of a 6-month timescale for compliance, therefore the WHC is in the process of being reassigned to the Planned and Specialist Care CCG and will be reflected in the next update to the Committee.

WHCs implemented since previous meeting (Green)

Welsh Health Circular	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	UHB Implementation Date
017-22: Wales rare diseases action plan 2022 to 2026 – issued June 2022	Medical Director	Medical Director	Dec-26
041-23: Wales rare diseases action plan refresh 2022 to 2026 – issued January 2024	Medical Director	Medical Director	Dec-26
025-24: NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25 – issued June 2024	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	Mar-25
001-25: NHS Wales Sustainability Conference and Awards 2025 - issued March 2025	CEOs Office (Welsh Language)	Director of Communications	Apr-25
002-25: Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration - issued February 2025	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	Sep-25

External WHCs

Welsh Health Circular	Clinical Care Group/Executive Function	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Reason for External Status	UHB Implementation Date
026-18: Phase 2 – primary care quality and delivery measures – issued July 2018	Primary Care, Community Strategy and Long Term Care	Chief Operating Officer / Director of Primary Care, Community and Long Term Care	National work around this transformational model was suspended due to the COVID-19 pandemic and has never progressed further. Currently the Primary Care quality and delivery measures within the new dashboards are being used as equivalent quality indicators. As such, the implementation date for this WHC is currently noted as not known.	N/K
040-23: The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC) – issued September 2023	Planned and Specialist Care	Chief Operating Officer / CCG Director for Planned and Specialist Care	The service is currently compliant with all aspects of this WHC apart from the data capture requirements, for which no national system is currently available. An all-Wales data system is awaited. As such, the implementation date for this WHC is currently noted as not known.	N/K



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

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

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience including demographics
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Speak Up, Making Meaningful Change
- Welsh Health Circulars



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

Sections:

1. Patient Safety Incident Reporting – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
2. Nationally reportable incidents – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
3. Duty of Candour – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
4. Patient experience and patient feedback – Louise O'Connor, Assistant Director for Legal Services and Patient Experience
5. Infection Prevention and Control – Rebecca Richards, Head of Infection Prevention and Control
6. Healthcare Inspectorate – Caroline Burgin, Patient Safety and Assurance
7. Speak Up, Making Meaningful Change – Robert Blake, Head of Culture / Workforce Experience
8. Welsh Health Circulars – Rachel Williams, Head of Assurance and Risk



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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	Clinical Care Group	Original Due Date	Current Due Date	Date Last Updated	Last Updated By	Progress Status	Risk Ref
Healthcare Inspectorate Wales (HIW)/2023/19/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.	Operational Allied Health and Health Science	30/09/2023	30/09/2023	23/04/2025	Head of Radiology	Overdue	Ref 1399
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	29/09/2023	01/07/2025	Assurance and Risk Officer	Partially complete (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	30/11/2023	23/05/2025	Assistant Director of Nursing, Quality and Patient Experience for Mental Health and Learning Disabilities	Overdue	
Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4			q)Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	Mental Health and Learning Disabilities	31/12/2023	31/12/2023	01/07/2025	Assurance and Risk Officer	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	30/09/2023	01/07/2025	Assurance and Risk Officer	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	30/11/2023	01/07/2025	Assurance and Risk Officer	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	31/12/2023	01/07/2025	Assurance and Risk Officer	Partially complete (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)Eoproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Mental Health and Learning Disabilities	29/09/2023	29/09/2023	01/07/2025	Assurance and Risk Officer	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	31/10/2023	01/07/2025	Assurance and Risk Officer	Overdue	
Healthcare Inspectorate Wales (HIW)/2023/69/MD10/4	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The Health Board must address the environmental issues and resolve them in a prompt and timely manner: 1) Mould and poor ventilation in both laundry rooms 2) Glass window cracked in St Non's leading into the courtyard requires replacing; 3) Sluice macerator on both wards needs to be fixed or replaced as both currently not working; 4) Occupational therapy room needs to be decluttered and tidied up and not used as a storage room; 5) Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated; 6) Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group; 7) Thermostats covers in some patient rooms on St Non are missing and need replacing.	Handrails are in place in courtyard and corridors on St Non Ward. Review of handrail needs in bedrooms and bathrooms and how these can be addressed using anti ligature handrail products to be undertaken	Estates and Facilities	31/01/2024	31/01/2024	18/06/2025	Estates Manager	Partially complete (Overdue)	
Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	The health board must ensure that safe holds are described in detail and that patient observations are recorded post any restraint or medical intervention in patient notes	To undertake a Directorate wide audit of Rapid Tranquillisation against standards for physical health monitoring within the Health Boards Rapid Tranquillisation Policy.	Mental Health and Learning Disabilities	31/03/2024	31/03/2024	19/11/2024	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/302/MD6/1	HIW Glangwili Hospital – Morlais Ward inspection	The health board must ensure that the outstanding actions identified following the fire safety audit in February 2024 are completed and sustained.	To review the recommendations from the fire safety audit and agree an implementation plan.	Estates and Facilities	31/12/2024	31/12/2024	06/08/2025	Quality Assurance and Safety Team	Partially complete (Overdue)	
Healthcare Inspectorate Wales (HIW)/2024/395/MD33/1	Bryngolau Ward, Prince Philip Hospital	The health board should consider the staff feedback about suggestions for training and implement regular, individualised training needs assessments.	Develop and deliver bespoke Older Adult Mental Health Clinical Risk training specifically around self-harm and suicidality, to all OAMH Wards.	Mental Health and Learning Disabilities	31/03/2025	31/03/2025	08/05/2025	Head of Service for Older Adult Mental Health	Partially complete (Overdue)	
Healthcare Inspectorate Wales (HIW)/2024/396/MD2/1	HIW Children and Young People Mental Health Review	Health boards must: Ensure their CAMHS teams reflect on their communication processes with parents, carers and referrers, and ensure timely communication and advice is provided, once a referral for assessment has been made.	A multi-disciplinary task & finish group will be established to review all initial contact letters to ensure support / advise services are up to date	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD2/2			Group will ensure that all correspondence to parents / carers / YP (standard letter, email, text) will be within 5 working days	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD32/1		Health boards must explore the options available within their local CAMHS teams to facilitate a strengthened approach for communication and partnership working with GP clusters and/ or directly with GP practices.	S-CAMHS will discuss with GP Clusters to discuss an agreed approach to partnership working and improving communication, including the suggestion of a regular (bi-monthly) forum	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	

Healthcare Inspectorate Wales (HIW)/2024/396/MD32/2			S-CAMHS will deliver S-CAMHS Roadshows in each locality area	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD33/1		Health boards must adopt flexible, proactive measures to ensure children and young people who miss CAMHS appointments or show poor engagement are not automatically discharged without assessing their individual circumstances. Strategies should target harder-to-reach groups and complex care cases to prevent mental health deterioration, safeguarding their well-being and safety.	S-CAMHS will ensure the relevant Policies are up to date and all staff are aware of the current policy	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD33/1		Health boards should ensure they review their methods of co-production of services with children and young people, and parents and carers.	S-CAMHS will continue to offer support for the Future MINDS Forum already established and ensure co-Production is a priority in reviewing Service Improvements, Policies and partake in recruitment	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD8/1		Health boards must ensure that all CAMHS teams regularly review the availability of support services within their locality, across boundaries, and online. This should ensure that when signposting individuals to other services, the options provided are current, accessible, and relevant to meet their needs.	T&F Group to review all current information of support/ advise and websites to ensure up to date and Repeat on a 6 monthly basis and reviewed by CAMHS QSEG	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD9/1		Health boards must review their referral outcome processes, including the letter templates and the sufficiency of information provided to better inform and engage patients, families, and referrers.	A multi-disciplinary task & finish group will be established to review all initial contact letters to ensure support / advise services are up to date	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/396/MD9/2			Group will ensure that all correspondence to parents / carers / YP (standard letter, email, text) will be within 5 working days	Mental Health and Learning Disabilities	04/08/2025	04/08/2025	27/02/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/498/MD2/1	IRMER Regulations	Identify areas where more than one employer may be involved with and exposure and consider if the co-operation regulation needs actions. e.g. referrer (GP referrals), operator (third party imaging providers) or practitioner (out of hours practitioner service) has a different employer; to other duty holders	Co-operation between employers: consider where relevant	Operational Allied Health and Health Science	31/07/2025	31/07/2025	23/05/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/498/MD4/1		Particular relevance to new employer procedure re making, amending and cancelling referrals. However duty is to comply with all EPs so implies they must be available to referrers. Also recommended that where possible referrers are informed of this new duty. Might also be impacted by co-operation between employers	All referrers need to have access to employers procedures and be made aware they must comply	Operational Allied Health and Health Science	31/07/2025	31/07/2025	23/05/2025	Quality Assurance and Safety Team	Overdue	
Healthcare Inspectorate Wales (HIW)/2024/498/MD9/1		Schedule 3 is re-organised with changes to core and specific training. Training in the amendment changes is required plus discipline specific review with additions to the "all modalities" elements probably most significant. A plan to cover any additions will be required.	Review training needs of practitioners and operators	Operational Allied Health and Health Science	30/06/2025	30/06/2025	23/05/2025	Quality Assurance and Safety Team	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	Operational Allied Health and Health Science	31/12/2024	31/12/2024	14/05/2025	Quality Assurance and Safety Team	Overdue	1399 on risk register
Healthcare Inspectorate Wales (HIW)/2025/565/MD7/1	HIW GGH Maternity Services 03924	The health board should ensure that all hand gel containers in ward areas and at the entrances contain hand gel to minimise the risk of infection to service users, visitors and staff.	In collaboration with Hotel Services all staff to be reminded that in the event that a hand gel is not readily available this should be escalated and replaced without delay	Planned and Specialist Care	30/07/2025	30/07/2025	16/07/2025	Quality Assurance and Safety Team	Overdue	

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Phil Kloer
Chief Executive
Hywel Dda University Health Board

Via Email: Philip.Kloer@wales.nhs.uk

16 May 2025

Dear Phil

Provider meeting to discuss overall concerns received by Healthcare Inspectorate Wales, and the quality governance arrangements in place at Hywel Dda University Health Board

On 7 May 2025, in accordance with its escalation process, Healthcare Inspectorate Wales (HIW) held a meeting in line with its [Service of Concern \(SOC\) Process for NHS Bodies in Wales](#). The meeting was held to discuss several concerns HIW has received between 1 January and 6 May 2025, which relate to several directorates within Hywel Dda University Health Board (the health board).

During the SOC meeting, and in line with our escalation process, the number of concerns received over recent months from different directorates across the health board were considered as a whole. We acknowledge that the health board has provided us with assurance for individual concerns. However, collectively, these have impacted our confidence in the health boards quality governance arrangements and staff concerns escalation process. We, therefore, considered whether the designation as a Service Requiring Significant Improvement (SRSI) was required.

We concluded the meeting with the decision that designation as an SRSI would not be applied at this stage. Instead, HIW is providing the health board with an opportunity to engage with us in a meeting, to discuss and clarify the concerns collectively and the assurances we need around the quality governance arrangements and staff concerns escalation processes in place.

We require executive attendance at a scheduled meeting, which will enable a constructive two-way discussion on how the health board can provide HIW with the

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Gwirio bod gwasanaethau gofal iechyd yn cael eu darparu mewn ffordd sy'n mwyaflu iechyd a llesiant pobl

Llywodraeth Cymru / Welsh Government
Parc Busnes Rhydycar / Rhydycar Business Park
Merthyr Tudful / Merthyr Tydfil
CF48 1UZ
Tel / Ffôn 0300 062 8163
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www.hiw.org.uk / www.agic.org.uk

assurance needed. This meeting will take place over Microsoft Teams at 15:00 on Wednesday 4 June 2025. Please inform HIW by Friday 23 May 2025 who from the health board will attend the meeting, however, it is our expectation that some key members of the executive team will attend.

Our intention in making use of our SOC process is to support improvement, enabling HIW to identify the most effective and appropriate method of seeking ongoing assurances and engagement around the health board's governance processes.

Please do not hesitate to contact me should you wish to discuss this letter further, via email, vanessa.davies008@gov.wales or by telephone, 0300 062 8163.

Yours sincerely



Vanessa Davies
Head of NHS Assurance
Healthcare Inspectorate Wales

Cc.

Neil Wooding, Chair
Sharon Daniel, Executive Director of Nursing
Mark Henwood, Interim Executive Medical Director

**To check that healthcare services are provided in a way
which maximises the health and wellbeing of people**

**Gwirio bod gwasanaethau gofal iechyd yn cael eu darparu
mewn ffordd sy'n mwyaflu iechyd a llesiant pobl**

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GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: QAST / HIW / CB

Gofynnwch am/Please ask for: Caroline Burgin

Rhif Ffôn /Telephone: 01267 674013

Dyddiad/Date: 11th June 2025

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

PRIVATE AND CONFIDENTIAL

Vanessa Davies
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Dear Vanessa,

Re: Documentation as agreed in meeting on 3rd June 2025.

Thank you for meeting with us on 4th June and for providing us with the opportunity to respond to the concerns raised in the letter dated 16th May 2025. We take your concerns very seriously. As agreed in the meeting please find enclosed the documents that were referred to in the discussion. Due to the volume of these documents, we have tried to cross reference them with the area of discussion.

- OD programme for operational staff (attachment A)
- New governance arrangements (attachment B1 – B14)
- Organogram for operational services (attachment C)
- Copy of quality and corporate governance training (attachment D)
- Escalation and oversight of performance arrangements - The EITS (Executive Improving Together Sessions) slide deck for the Nursing Quality and Patient Experience function has been provided as an example, the format for other functions is the same. We have enclosed a Quality Safety Intelligence Group (QSIG) agenda 20/05/2025 which includes an item for discussion of the escalation scores in the Quality Domain. We have also enclosed the Quality Assurance report for QSEC with the appendix demonstrating another way how HIW improvement plans are monitored (attachment E1-E4)
- The new EITS escalation framework (attachment F1-F2)
- QISG TORs and the discussions on how this group will continue its efficiency in the governance arrangements (attachment G1- G4)
- Safety dashboard extract (attachment H)

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Cadeirydd / Chair
Dr Neil Wooding

Prif Weithredwr / Chief Executive
Prof Phil Kloer

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

- Fragile services framework (attachment I). The fragile services framework was presented to QSEC on 10/06/2025 and here is a link to the paper.
<https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/quality-safety-and-experience-committee-qsec/qsec-10-june-2025/4-1-fragile-services-report/>
- EDI (Equality, Diversity and Inclusion) taskforce board paper (attachment J)
- Speaking up Safely process (attachment K1-K3)
- Quality Impact Assessment process (attachment L1-L3)
- Professional forum (attachment M1-M3)
- Work on incidents (attachment N) (slides 3-7)
- QMS (attachment O and further information in attachment D)

Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience, is looking forward to continuing to work with Vanessa. Our meeting on 4th June and the discussions were conveyed and discussed in the Heath Board's Quality, Safety and Experience Committee this week. If you have any queries on the attachments, please contact Cathie Steele or Caroline Burgin.

Yours sincerely



Phil Kloer
Chief Executive Officer