



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Care Group Update Report – Operational Allied Health and Health Science
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sara Quarrie, Service Group Director, Allied Health and Health Science Clinical Care Group Angela Bell, Assistant Director of Quality, Safety and Patient Experience, Allied Health and Health Science Clinical Care Group

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

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

The Allied Health and Health Science Clinical Care Group is currently focusing on the need to improve performance regarding the Level 2 status for the Quality and Safety domain. This report provides detailed insights into performance trends, highlighting improvement and identifying actions in place to support further progress.

The report also details the result of a sustained six-month focus within the Governance domain, which has resulted in the CCG improving to Level 1 since September 2025. Plans to maintain this level are outlined.

**Cefndir / Background**

The Allied Health and Health Science Clinical Care Group consists of seven service areas: Nutrition and Dietetics; Occupational Therapy; Pathology; Podiatry; Physiotherapy; Radiology; and Speech and Language Therapy.

The aim of the Allied Health and Health Science Care Group in summary is to:

1. Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis;
2. Maintain an open culture of improving quality safety and patient experience across all teams and all staff;

3. Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care;
4. Foster a culture of psychological safety within Allied Health and Health Science Care Group to promote collaboration, trust, innovation and personal growth. Meeting the Duty of Quality is the highest priority for the Care Group and its governance structures and oversight has developed significantly.

The Service Director, and Assistant Director of Quality Safety and Experience lead the agenda which is aligned to the six domains of quality as defined by the Duty of Quality Statutory Guidance 2023.



### Asesiad / Assessment

The Allied Health and Health Science Care Group was established in April 2025, with newly appointed Service Group Director and Assistant Director of Quality Safety and Patient Experience.

Quarter one has focused on establishing governance structures and collaboration across the Health Board functions. The initial priority was to gain access to the root data to allow analysis and immediate actions in relation to the position shown within the Health Board Performance and Safety dashboards.

Quarter Two has allowed the CCG to begin to embed ways of working to track progress against the metrics of improvement identified by the Health Board escalation Framework. Updates in relation to these areas are contained under the Safe, Timely, Effective, Equitable, Efficient and Person Centred (STEEEP) domains of this report.

The focus for Quarter Three and Quarter Four will be the embedding of CCG Quality Safety Experience management system improvement processes within each service. Thereafter the shift will be to identifying profession specific quality metrics and triangulation of themes from learning to drive improvement.

## Quality Assurance

The Clinical Care Group (CCG) Integrated Governance meetings are scheduled every month and are well represented by professional leaders from all Services, all of which take an active part in the meetings and shape the overall agenda. The CCG would like to flag that they value continued support from business partners and view escalation, assurance and oversight at the CCG meetings as essential to governance. Each Service provides a monthly assurance report from their Quality and Safety meetings.

A key focus of the Clinical Care Group leadership has been to deep dive into domains of escalation to understand the root data and progress rapid improvement. This report will concentrate on the following areas:

- Quality and Safety
  - Improvement in number of incidents open over 120 days
  - Review of complaints open over 180 days
  - Actions to respond to 75% of complaints within 30 days
- Governance
  - Achievement of 90% of risks and risk actions reviewed within timeframes.
  - Actions to support compliance achieving Target Risk Score dates

## Safe Care

### Incident Management

From June 2025 each Service Lead has an allocated monthly Governance 1-1 meeting with support from a Quality, Assurance Service Team (QAST) business partner. This ring-fenced time is utilised to resolve outstanding queries for open incidents and reduce the exchange of emails regarding queries and actions. The aim is to have dedicated time to build a positive incident reporting and management culture. This approach has supported timely incident management, with a view achieving a trajectory of zero incidents open over 120 days. Progress to date can be seen in Figure 2:

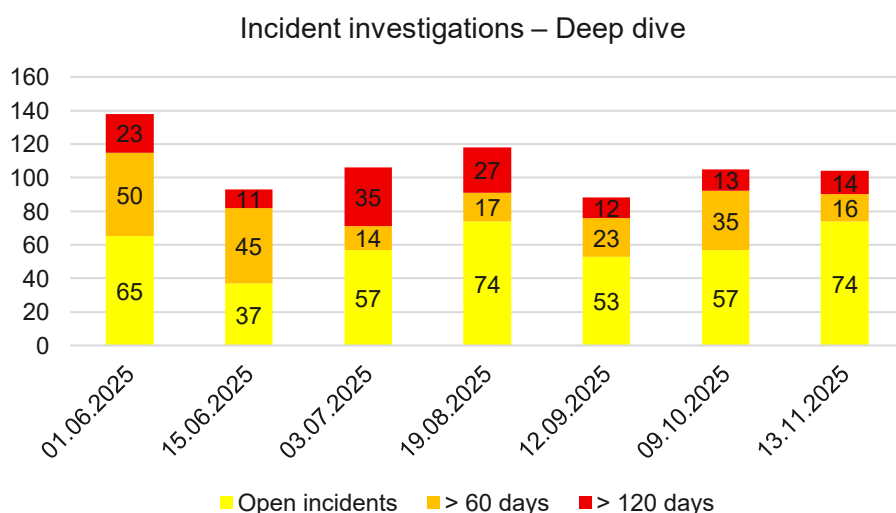


Figure 2 Number of open incidents reported by month- AH & HS CCG - [Data as of 13/11/25]

To date this structured approach has resulted in an overall reduction in overdue open incidents by 59% (n73 to n 30) from June to November. There has been a 39% reduction in incidents open >120 days (n 23 to n14) and a 68% reduction in incidents open > 60 days (n50 to n16).

Once timely incident management has been achieved, the next step will be to focus on analysis of incident themes to drive improvement.

Data shows that most incidents within the CCG are reported within Radiology and Pathology Services. The most frequent incident type being consistently reported as 'assessment, treatment and diagnosis', with the theme of waiting times. This maps to the workforce capacity within these services and the resulting mitigating actions being taken by service leads.

The CCG is working to build a culture of high levels of incident reporting of low and now harm. This is an iterative process alongside the need to triangulate themes to drive improvements. Currently the CCG data provides a picture of month-on-month variability in number of incidents reported, this is expected as the incident CCG reporting culture evolves. The grouped CCG service data shows peaks in June (n= 73) and July (n=69), which is attributed to increased reporting within the Allied Health Professions, with no identified themes or trends due to the grouping of 5 professions within this dataset. Action has been taken to request amendment to the Allied Health professions (AHP) grouping which would allow analysis within the AHP services.

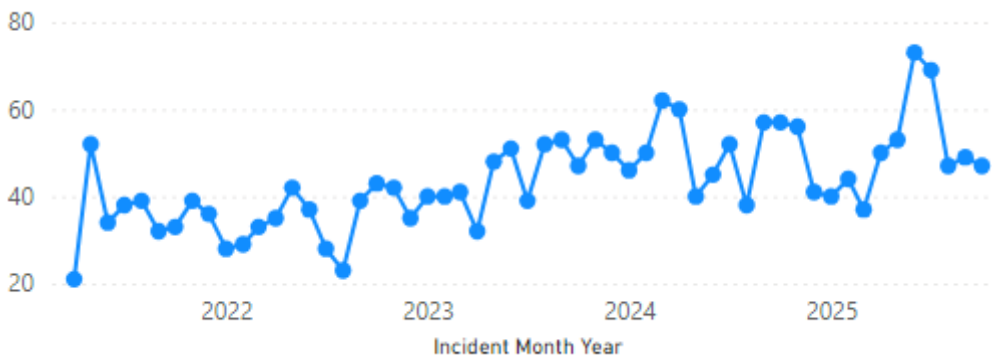


Figure 3 Number of incidents reported by month- AH & HS CCG - Our Performance Dashboard [Data as of 12/11/25]

### Timely

Radiology and Pathology Services are both acknowledged as fragile services, which impacts the ability to deliver timely diagnostics.

#### Radiology

The Radiology Level 2 fragile service has £3.4m Annual Plan funding being implemented to support some stability of service. Of note, is the extremely fragile Radiology leadership workforce throughout Quarters one and two. Support from CCG Leadership in place. Prioritisation is being utilised, with a focus is on cancer pathways, but the expectation is that there will be slippage in ability to meet all requirements of assurance. The current priority is high-risk patients, staff support, and providing assurance of sharing of learning and actions from claims and redress cases, to meet the requirements for Welsh Risk Pool Learning Events.

#### Pathology

The Pathology Level 2 fragile service is due to Cellular pathology and Clinical haematology workforce remaining fragile, due to the long-standing challenges to recruit to consultant posts. The services are backfilling with temporary staffing to ensure capacity to deliver timely diagnostics whilst the medium-term workforce plan to recruit to substantive posts is in progress. The fragile workforce model impacts on timely diagnostics, and potential service disruption for

planned and unplanned services to meet patient needs and inherent safety, clinical effectiveness and patient experience outcomes. The Pathology senior leadership team completed a risk fragility assessment workshop in May. The output has been utilised to further mitigate current service delivery risks.

Actions to date have focused on workforce redesign. Successes include:

- i. Recruitment to Clinical Nurse specialist roles from a vacant Consultant post.
- ii. Creating 2 Associate Practitioner posts from a Specialist Biomedical Scientist Vacancy, which will increase service capacity, and assist with managing the annually increasing workload demands.

The more capacity created within the service the better we will be equipped to continue to deliver timely diagnostics to our patients. International recruitment and recruitment via NHS locum are progressing as planned, with 2-year training and mentorship programmes are in place to enable long-term appointment to consultant roles

### Effective

The CCG has sustained a six-month focus on the effective management of the operational Allied Health and Health Science risk register. Risk workshops have commenced within each service. The initial focus has been to ensure that all service risks are captured and have mitigating actions. This has resulted in a 40% increase (n83 to n116) in open risks with a concurrent 39% increase in open actions, between June and November 2025, as illustrated by comparison of tables 1 and 2 below.

#### Risk overview

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
83	20	24%	158	22	14%

Table 1 CCG risk overview [Data as of 06/06/25]

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
116	2	2%	220	31	14%

Table 2 CCG risk overview [Data as of 03/11/25]

The CCG has established service management systems to ensure risks are reviewed within target timeframes and risk actions are completed. This has resulted in CCG improving to level 1 within the Governance domain. This progress is illustrated by the 'percentage risk overdue' dataset within tables 1 and 2 above, improving from 24% of risks being overdue review to just 2 % overdue in the six-month period.

The CCG aims to maintain level 1 by setting the expectation that services embed risk register review within their governance structures and maintaining oversight of performance management within the CCG Governance meeting.

Next steps for Quarter Three will be utilise risk review workshops to ensure validation of the risk scoring matrix, to ensure clear justification of risk scores, alongside a focus on Target Risk Scores, to understand how these are set and any themes in relation to barriers to achievement.

## Evidence based

### Quality and Effective Clinical Practice

The Clinical Audit manager provided an initial overview of Clinical Audit function and programmes during the CCG Integrated Governance meeting held on 17 June 2025. The CCG planned to collate audit activity within each service and begin to build the Allied Health and Health Science content to the Local Clinical Audit programme. However, due to a period of unexpected absence in the CCG leadership team throughout Quarter two, this work has been deferred to Quarter four.

## Person Centred

### Patient Experience

The CCG captures patient experience data within individual services and sub-specialities/modalities, however, the adoption of the CIVICA platform has not yet been embedded within all services. The Occupational Therapy service has created a bespoke service evaluation questionnaire which went live on the CIVICA platform in October. The CCG will continue to learn from service feedback utilising current systems and will develop CCG oversight processes throughout the forthcoming year.

Patient stories feature within every CCG Governance meeting, with a schedule that ensures each service shares the learning from patient experience.

It is particularly poignant for services such as Pathology, where most of the service is non-patient facing, however the impact of feedback is impactful, as shown in the sharing of a recent patient story:

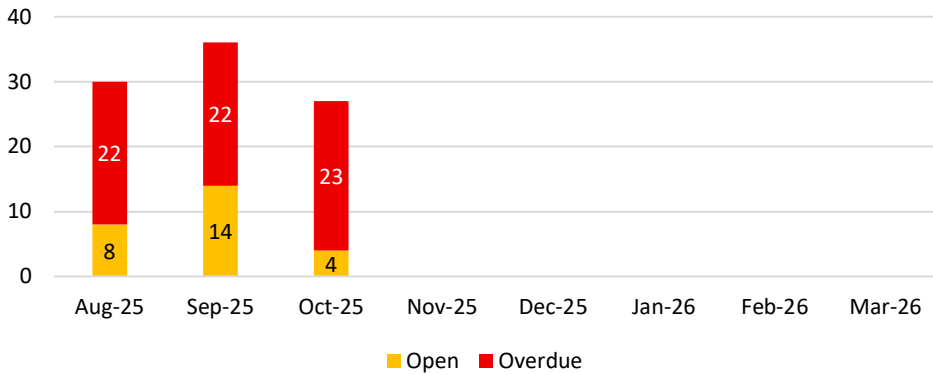
*"I met with the family last week of a young [person] who died as a result of [incident] and was taken to [HDdUHB site] mortuary. When I spoke to [family], they were very keen for me to pass on my thanks to the mortuary staff, especially the person who met them when they visited the mortuary. They said the language he used, he spoke about 'caring for [them]' and his general demeanour gave confidence that [their relative] was being well looked after by people who genuinely cared, and this meant the world."*

When bereaved families take the time to offer their gratitude under such tragic and sad circumstances, it shows what lasting impact our care and support leaves on them when they need it the most. This communication was relayed to mortuary staff and gratitude expressed to them for upholding the highest standards of care and being a source of kindness for our families in the most difficult of moments.

#### 1.1.1.1. Complaints

The CCG has commenced deep dives into their longest open complaints (22.10.2025 and 04.11.2025). Twice-monthly meetings have been scheduled with a complaint's handler. Of those reviewed (n=9), two remain within the CCG to progress, all others have received comments from service and form part of a cross-care group response.

Graph - CCG Complaint Management Performance\*



\*Dashboard data is not available before Aug 2025 due to a change in data collection

Figure 4 Number of open complaints- AH & HS CCG [Data as of 13/11/25]

Progress has been made in relation to open complaints not tipping into overdue between September and October. A concurrent action to improve the percentage of complaints responded to within 30 days has resulted in 50% improvement, as illustrated in figure 5.

Topic	Measure	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Patient Experience	% complaints responded to within 30 days	33.3	40	33.3	36.4	50	66.7

Figure 5 Percentage of complaints responded to within 30 days- AH & HS CCG [Data as of 30/09/25]

Next steps for Quarter Three and Four are to explore establishing the format that has been successful for incident management. Agreeing ring-fenced time with service lead and complaints handlers, to resolve outstanding queries for open concerns. Once timely complaints management has been established the CCG will be able to triangulate themes from complaints, incidents and patient experience to facilitate learning for improvement.

**Argymhelliad / Recommendation**

The Quality, Safety and Experience Committee is asked to take an assurance on the quality governance arrangements in place within the Allied Health and Health Sciences Clinical Care Group in relation to quality safety and patient experience.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality	7. All apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	CCG – Clinical Care Group AHP – Allied Health professions (the professions formerly referred to as ‘Therapies’: Occupational Therapy, Physiotherapy, Speech and Language Therapy, Podiatry and Orthotics, Nutrition and Dietetics)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	CCG Integrated Governance

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not applicable

<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable