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

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

April 2026

Situation

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
- Never Events
- Duty of Candour
- Patient Experience
- Complaints management
- Inquests and Regulation 28
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

This report also includes information regarding the HIW: Strategic Plan for 2026-2030 and the NHS Wales Performance and Improvement: National Patient Safety Plan for NHS Wales for 2026-2031

Patient Safety Incidents

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There were 15,204 incidents reported on Datix Cymru in Hywel Dda UHB between 1 January and 31 December 2025. Of these, 12,139 were Patient Safety Incidents.

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

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

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

These themes have been shared with:

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

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

1) Clinical Assessment & Decision-Making
Many incidents involve incomplete assessment, failure to recognise deterioration, missed injuries, and delayed escalation to senior clinicians.
Recommendations to the CCGs :
Strengthen use of structured assessment tools (ABCDE, trauma pathways, Advanced Trauma Life Support (ATLS) principles).
Ensure timely senior or specialist review when presentation is complex.
Reinforce need for comprehensive documentation of clinical findings and rationale.
Mandate re-assessment if symptoms persist, worsen, or do not align with initial diagnosis.

2) Escalation & Communication
Escalation often happened late, was incomplete, or relied on assumptions. Communication between teams, patients and families is critical.
Recommendations to the CCGs :
Escalate immediately when deterioration is identified or when safeguarding factors arise.
Improve communication handover processes (nursing ↔ medical, ward ↔ community).
Ensure Next of Kin is informed promptly following incidents.
Apply Duty of Candour processes consistently, including documentation and letters.

3) Risk Assessment & Documentation
Many incidents highlight missing or incomplete risk tools, care plans, body maps, or inconsistent records.
Recommendations to the CCGs:
Complete Purpose-T, Waterlow score, and Falls assessments at admission AND after changes.
Keep documentation aligned: risk tools must match care plans and repositioning schedules.
Ensure body maps are completed before discharge and co-signed.
Improve accuracy and frequency of updates to Welsh Nursing Care Record (WNCR) and wound charts.

Diogel Safe

Nationally Reportable Incidents

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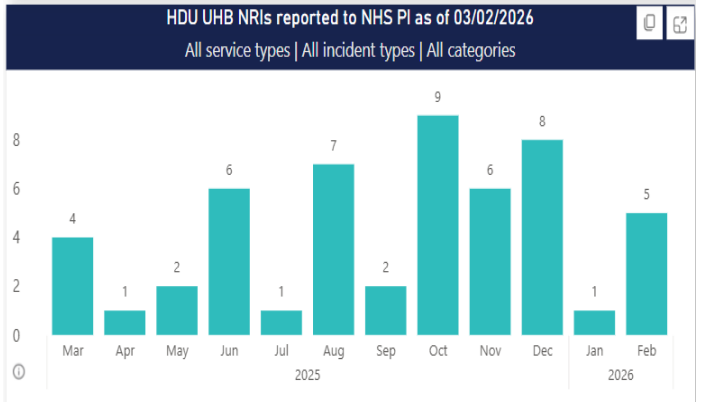
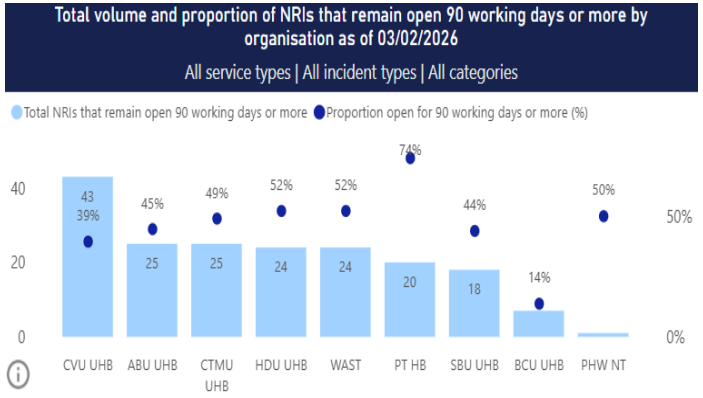
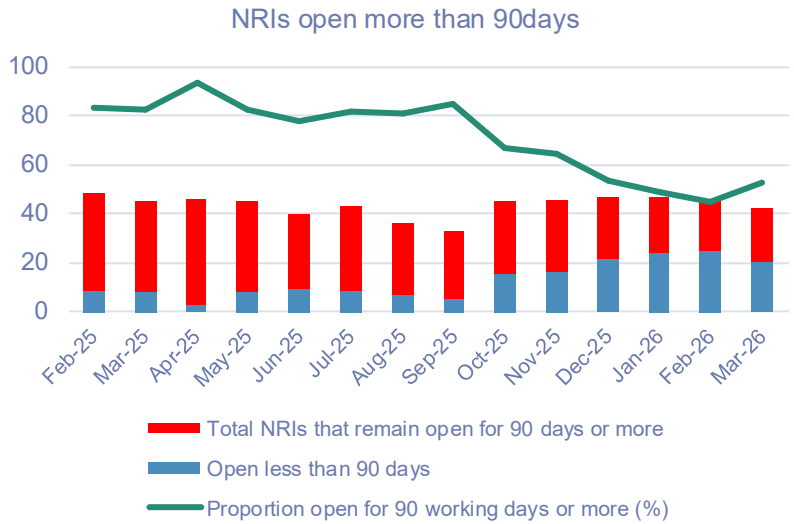
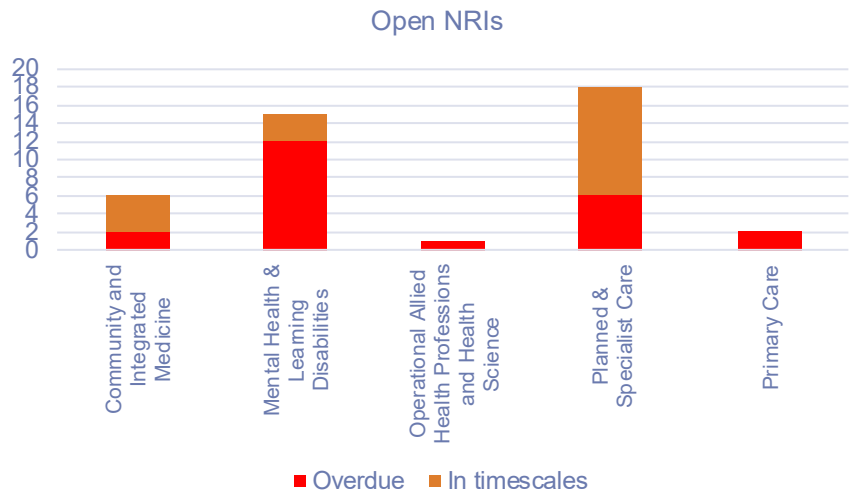


Source: Beacon Dashboard
06/03/2026







Number of days since reporting to NHS Wales Performance and Improvement

	0-60days	61-90days	91-120days	121-180days	>180days	Total
Community and Integrated Medicine	4		1	1		6
Mental Health & Learning Disabilities	3			1	11	15
Operational Allied Health Professions and Health Science		1				1
Planned & Specialist Care	7	4	2	3	2	18
Primary Care	1			1		2
Totals	15	5	3	6	13	42

Never Events

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HDU UHB Never Events occuring (by incident date, Mar-25 to Feb-26) as of 03/02/2026												
Year	2025										2026	
Never Event	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Retained foreign object post procedure	0	0	0	0	0	0	0	0	1	0	0	0
Total Never Events	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**

Source: Beacon Dashboard 06/03/2026

HDD79894 (NRI-4672)

Date reported 19/02/2026. Outcome form due for submission by 19/05/2026.

Patient was discharged with a newly inserted nasogastric (NG) tube without confirmation of correct placement, contrary to Health Board policy and national safety guidance

Immediate actions included:

- Notifying departmental leads, reinforcing Health Board policy on NG tube safety (including potential of hydrogen (pH) testing, radiographic confirmation, and guidewire removal), and directing staff to nasogastric insertion training to prevent recurrence
- A 7-minute briefing on Never Event reporting has been drafted and will be circulated to all staff.
- Just Culture tool to be completed in relation to individual who placed the NG tube and if appropriate workforce policy to be followed whilst incident investigation relating to system issues continues.
- Nutrition and Hydration Group to consider other immediate actions to be taken to ensure awareness and knowledge of correct procedures for insertion

Health Board Overview – Duty of Candour

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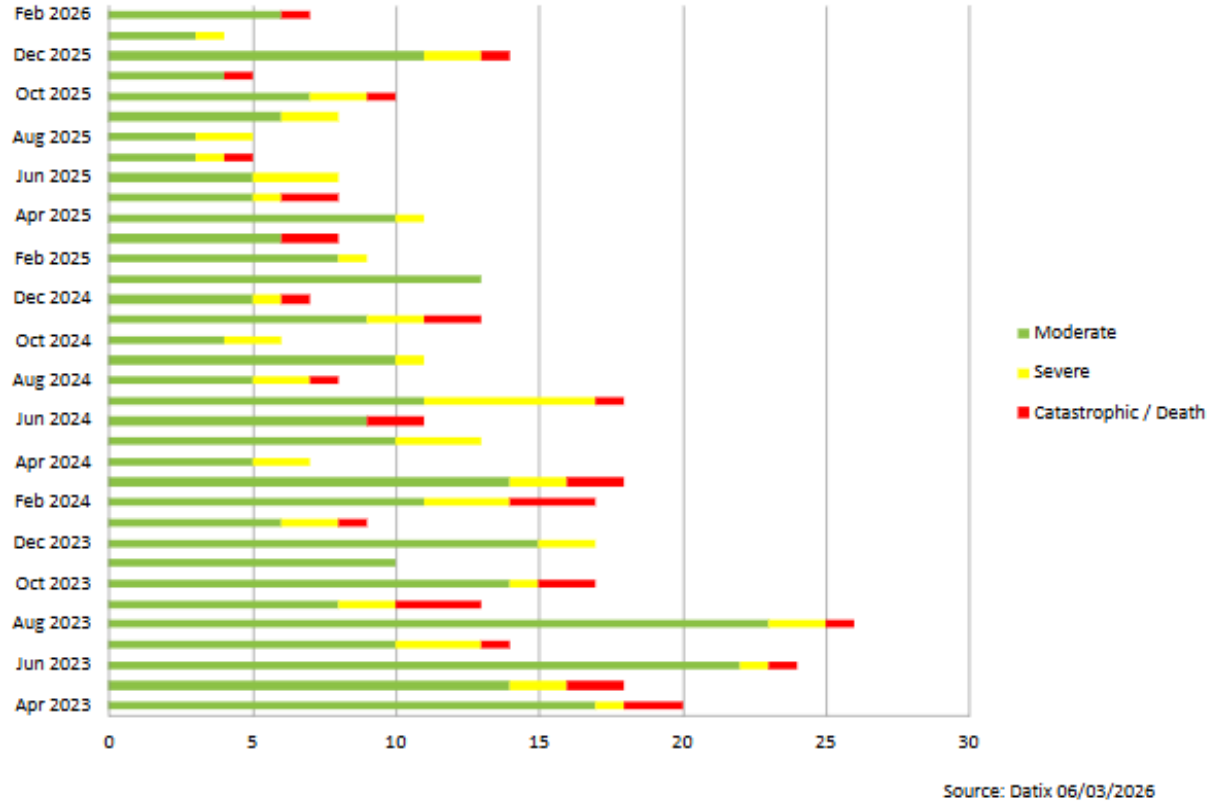
Incidents by Incident date (Month and year) and Manager's interim harm assessment



Source: Datix 06/03/2026

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

		Harm post investigation					
		None	Low	Moderate	Severe	Catastrophic / Death	Total
Manager's interim harm assessment	Moderate	14	54	164	3	1	296
	Severe	1	9	5	14	3	32
	Catastrophic / Death	3	5	1	2	5	16
	Total	18	68	170	19	9	284

Top 3 incident classifications

Incidents occurring after 01/04/2023 where duty of candour has triggered and investigation has closed and harm post investigation is moderate or above

Pressure Damage, Moisture Damage	**39**
Pressure ulcer developed or worsened during care in this clinical care area/caseload	34
Pressure ulcer present before admission to this clinical care area/caseload	1
Pressure from medical device present before admission to this clinical care area/caseload	1
Pressure from medical device developed or worsened in this clinical care area/caseload	3
Accident, Injury	**46**
Contact with object or animal	0
Slip, trip or fall	44
Patient injury	2
Maternity adverse occurrence	**25**
Maternal	12
Neonate	13

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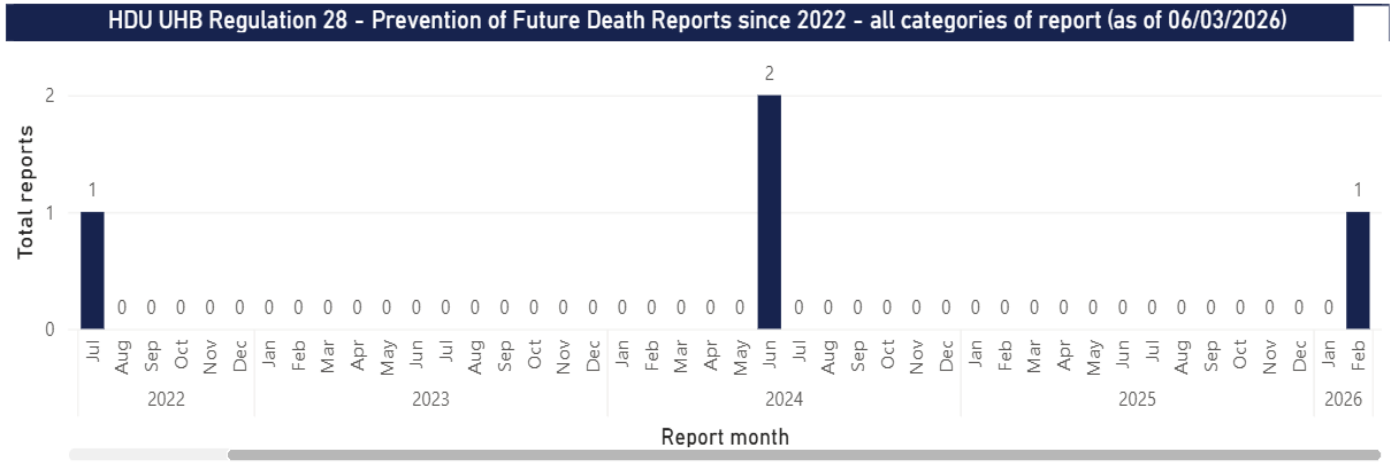
Inquests and Regulation 28



Source: Beacon Dashboard 06/03/2026

The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a "Regulation 28 Report" or "Prevention of Future Death Report'

The report is sent to the people or organisations who are in a position to take action to reduce this risk. They then must reply within 56 days to say what action they plan to take. A Regulation 28 report was issued to all LHBs by Pontypridd Coroner following death of 4-year-old in Prince Charles Hospital in March 2024. His Majesty's (HM) Coroner recommended that:

"Paediatric crash trolleys are necessarily different to adult crash trolleys, but there was consensus in evidence that it would be safer if there was a single standardised version of each type across every hospital setting in which junior doctors rotate, to minimise confusion at a time critical moment."

Arrest trollies in the Health Board comply with the minimum equipment list recommended by the Resuscitation Council for arrest trolleys (Paediatrics and Adults)

- One for all paediatric wards and Accident and Emergency (A&E) Departments in the Health Board
- One for the paediatric emergency equipment cupboard in Glangwili General Hospital (GGH) A&E
- One for Outpatient Departments onsite
- One for Outpatient Departments offsite

The Health Board has:

- Shared this Regulation 28 with the Recognition of Deterioration and Acute Resuscitation (RADAR) Group for further discussion and consideration of additional actions
- Shared the Regulation 28 with the Welsh Resus Forum.
- Received the Regulation 28 at the Quality and Safety Intelligence Group who considered and agreed the proposed actions.

NHS Wales Performance and Improvement Team has confirmed that they have also received the Regulation 28 report.

Further action to be undertaken includes:

- Respond to HM Coroner regarding the trolleys in our organisation – response due 27/06/2026

Health Board Overview: Complaints Management

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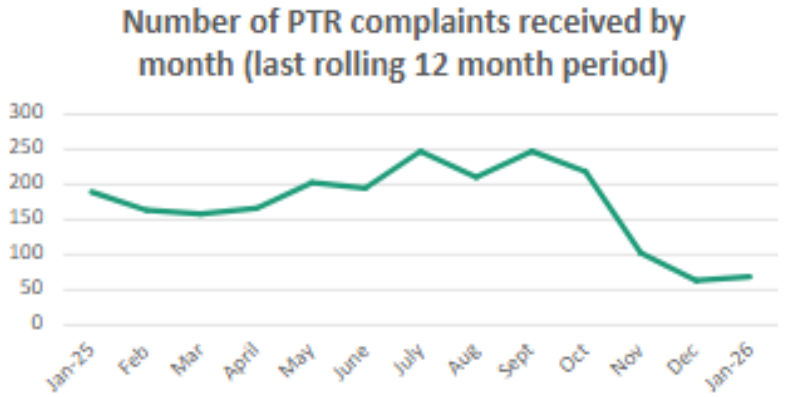
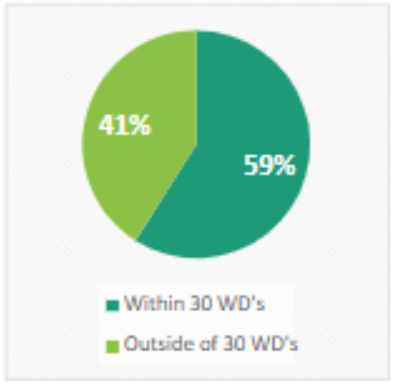
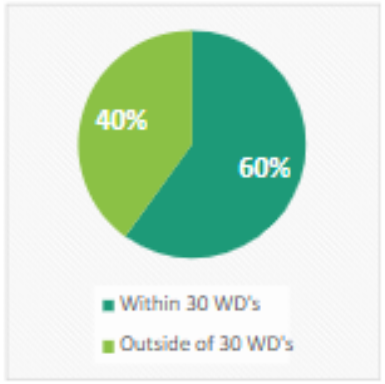


Proportion of complaints closed within 30 working days

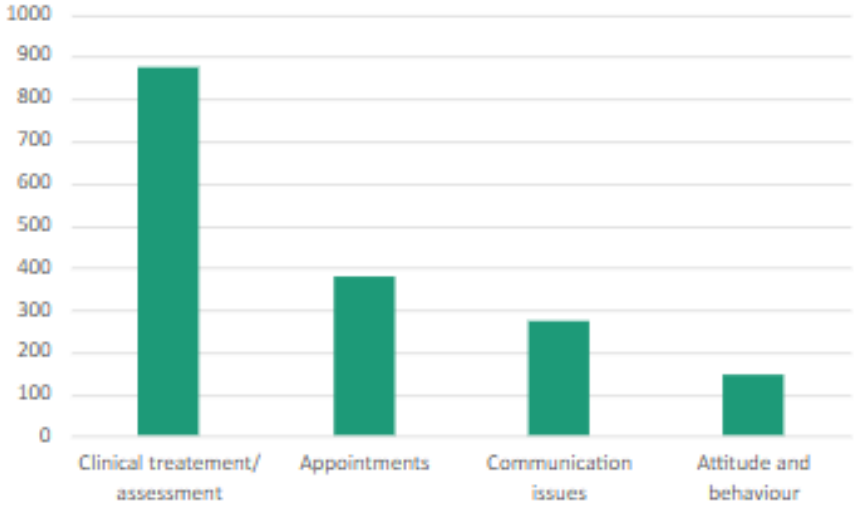
Q1 2025/ 26



Q2 25/26



The above charts show that, based on NHS Wales data, the performance in Q3 25/26 is consistent with Q2, although remains below target set by Welsh Government (75% within 30 WD's). Q3 data is not yet available.



Main themes giving rise to complaints remain consistent month on month; Emergency Departments, Ophthalmology, Gynaecology and Urology receiving higher numbers of complaints in these categories.

At least quarter of all complaints about appointments and waiting times are linked to Ophthalmology services. Urology, Rheumatology, Dermatology and Orthopaedics also receive higher numbers in this theme As usually seen, complaints about communication, attitude and behaviour are spread across Health Board services.

The reduction in new complaints received in November, December 25 and January 26 reflects the trial of a triage and navigation process to direct general and waiting time enquiries to more appropriate teams in the first instance, before they are handled as formal complaints, if necessary.

Health Board Overview: Outcomes and Closure Trajectory

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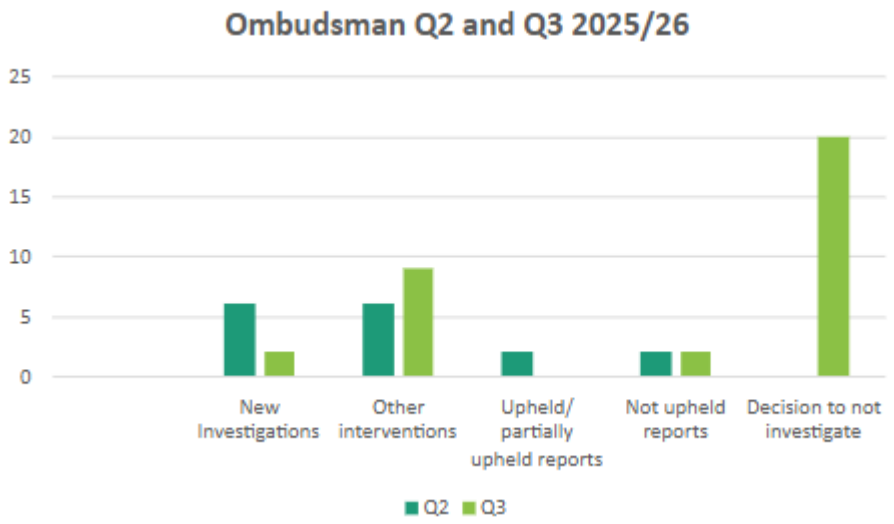
Since the start of the financial year, 45 complaints have identified a breach of duty of care which have not led to harm.

Between April 2025 – February 2026, 56 cases have been escalated to Redress (comparable period last year = 51) because failings have, or may have, caused harm to patients. These have mostly occurred at our general hospital sites (other sites include Tregaron and South Pembrokeshire Community Hospitals, as well as Primary Care.

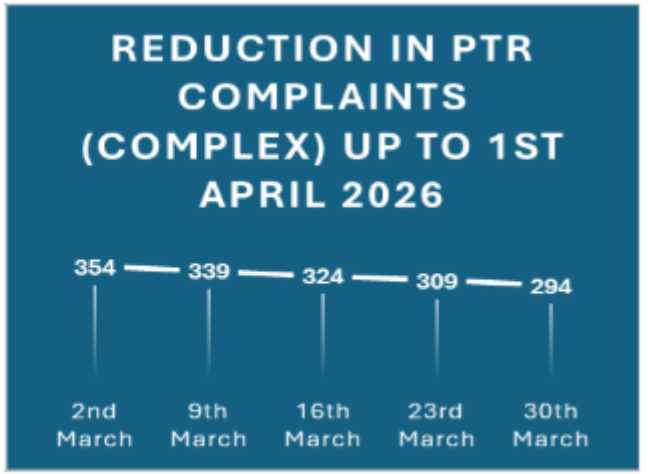
Learning from events reports will be produced following these incidents.

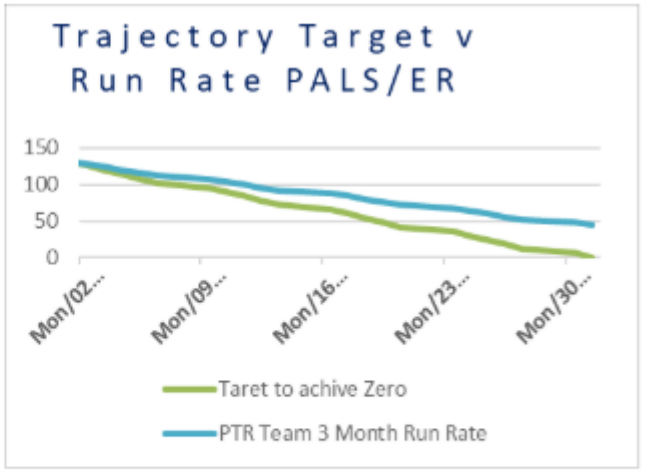


Backlog reduction (2–31 March):

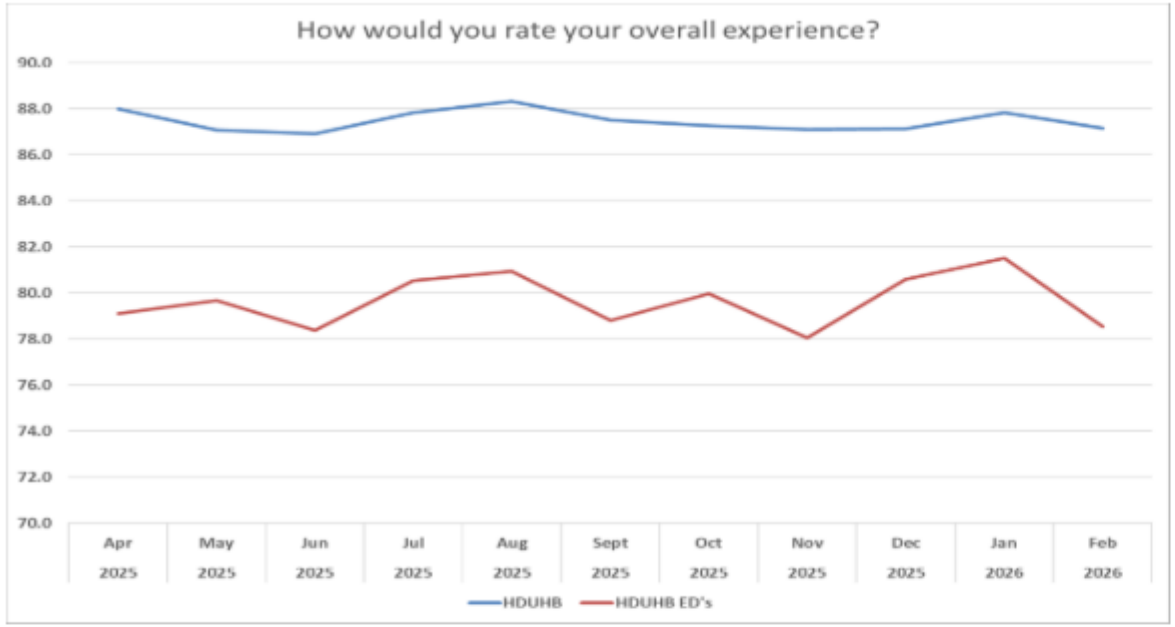
- From 1st April 2025, the Complaints Team should aim to close approximately 12 complaints per week consistently thorough Q1 and Q2, meaning that all complaints over 10 months will be closed by 1st April.
- Of the 61 cases we would aim to close in the next 4 weeks (until 1st April), almost 75% of these are either waiting for outstanding comments of waiting for approval by managers.

- Remaining PTR complaints will be closed (latest) by end Q2 – it is anticipated that these will be closed prior to this.
- PALS: cleared (0) by 1st April
- Service low grade PTR: ≤25-40 open at 1st April.
- Enquiries: no appointment/waiting-time queries in the complaints stream.
- LtP-ready: listening discussions embedded; 10-day early-resolution in use; proportionate investigations; learning demonstrably captured and shared.
- Complaint team resource has been divided into PTR (backlog and current open) and LTP (early resolution, listening meeting, proportionate responses).





Patient Experience



Measure name	Feb-26 Actual %
I am treated with dignity and respect	89.90%
Things were explained to me in a way I could understand	90.10%
I was able to communicate in my preferred language	95.60%

ED experience is volatile and fragile; non-ED experience is predictable and resilient

- Across Emergency Departments and Minor Injury Units, patient experience is highly polarised:
- Significant volumes of "Very good" sit alongside a persistent tail of "Poor / Very poor".
- Clinical staff (especially nurses, triage staff and MIU clinicians) are consistently praised
- Waiting times, communication and environment are the dominant drivers of poor experience
- Negative ratings are strongly associated with long waits, lack of beds, environment, and communication failures rather than clinical care quality
- Minor Injury Units are acting as a pressure-release valve and are viewed far more positively than A&E
- Responses to "Were you able to communicate in your preferred language?" Is consistently above 95% in all areas including the ED's
- Non ED areas ratings are much more stable.
- Majority responses are "Very good" or "Good", with fewer extreme negatives.
- Poor ratings tend to relate to delays, parking, cancellations, or communication, not unsafe care.

Infection Prevention and Control (IP&C): Strategic Overview

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

Quality Planning

- Organisation Annual Plan
- Annual IP&C work plan
- Infection Prevention Strategic Steering Group Work Plan
- Welsh Health Circular (WHC) Antimicrobial Resistance (AMR) & Health Care Acquired Infection (HCAI) Improvement Goals 2025-2027
- Collaboration with Public Health Team
- Engagement with primary care and community services to reduce infection in high-risk populations
- Quality Statement – Infection Prevention and Control
- NHS Wales National Standards of Healthcare Cleanliness 2025

Quality Control

- Standardisation of assurance/ scrutiny groups in progress
- Reports to and from Clinical Care Groups (CCGs) / Subgroups of Infection Prevention Strategic Steering Group (IPSSG)
- Review of Health Board IPC policies
- Self-assessment against C.diff Framework for Wales and attendance at Wales C. diff Focus Forum Meeting.
- Review of data sets against TI reduction expectations- disseminated to all services and use of safety dashboards
- Review by Antimicrobial Group (AMG) and antibiotic pharmacists of compliance with SSTF for each acute site
- IPC policy review ongoing. The 2026/2027 workplan focuses on the adoption of national All Wales policy linked to the National Infection Prevention and Control Manual (NIPCM) and review of upcoming changes to transmission-based precautions

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 reinstated 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
- HPV in use in 4 acute sites
- For the 2026/2027 work plan- an IPC training review has been conducted. Staff will be directed to E-Learning for Level 2 IPC training rather than face to face. The IPC Team will deliver targeted/ opportunistic training at ward/ unit level to address emerging themes or lessons learnt within the Health Board. Enhancing knowledge and building competence within the workforce
- Engagement in the C diff Learning Collaborative - Co Design Event. IV to oral switch project to be revisited in Spring with CCG engagement and ownership

IP&C continued

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Infections	Number of laboratory confirmed C.difficile cases with hospital onset	25% reduction, maintained for 3 months	8	Baseline	6	5	11	8	8	2	7
	Number of laboratory confirmed S.aureus bacteramia cases with hospital onset	33% reduction, maintained for 3 months	3	Baseline	2	4	3	4	6	2	3
	Number of laboratory confirmed E.coli bacteramia cases with hospital onset	25% reduction, maintained for 3 months	7	Baseline (average Q3 23/24)	5	9	10	7	8	2	5

All CCGs to review progress against the HB Safety Dashboard

Review of monthly data from Hospital Antibiotic Review Programme (HARP) with internal HB analysis and scrutiny

Aseptic Non-Touch Technique (ANTT) training 85.02% compliance

Level 2 mandatory training at 73.77%.

Hydrogen Peroxide Vapour (HPV) enhanced cleaning now available at 4 acute sites

IP&C Overall Trend

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Table 1. Current FY rate per 1,000 hospital admissions of specimens by HB, Apr - Feb 26

Additional filters for Table 1.

Select month or FY: Current FY

Select organism group: All organisms

< than same period last FY
= same period last FY
> than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	2.17	0.07	1.27	3.36	1.07	0.3
Betsi Cadwaladr UHB	3.24	0.08	1.82	4.8	1.36	0.34
Cardiff and Vale UHB	2.92	0.24	1.89	4.1	1.83	0.41
Cwm Taf Morgannwg UHB	2.49	0.12	1.73	5.8	2.22	0.24
Hywel Dda UHB	2.87	0.26	1.9	6.31	2.13	0.35
Powys THB	17.47	0	0.73	0.73	0	0
Swansea Bay UHB	3.16	0.13	1.77	4.08	1.73	0.43
Velindre NHST	1.23	0	1.23	4.3	0.61	0.61
Wales	**2.81**	**0.13**	**1.68**	**4.56**	**1.6**	**0.34**

Table 1. Current FY count of hospital onset (HO)* specimens by HB, Apr - Feb 26

Additional filters for Table 1.

Select month or FY: Current FY

Select organism group: All organisms

< than same period last FY
= same period last FY
> than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	83	3	52	90	30	9
Betsi Cadwaladr UHB	165	4	47	107	41	8
Cardiff and Vale UHB	67	8	45	60	53	12
Cwm Taf Morgannwg UHB	51	6	32	55	34	5
Hywel Dda UHB	81	8	33	75	27	3
Powys THB	4	0	0	1	0	0
Swansea Bay UHB	100	3	42	62	49	16
Velindre NHST	1	0	0	4	0	0
Wales	**552**	**0**	**251**	**454**	**234**	**53**

IP&C Outbreaks / Incidents

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Feb/March 2026

Site	Area	Pathogen	Commenced	Impact	Opened
BGH	Enlli	Norovirus	16/02/26	3 patients and 4 staff	23/02/26 but unable to clean until 25/02/26
WGH	Ward 1	Norovirus	25/02/26	5 patients and 3 staff	Cleaning and opening 06/03/26
GGH	Cadog/ FAU	Norovirus and Covid	05/03/26	9 patients.	11/03/26

Incidents

Water concerns (ongoing)

Stenotrophomonas Maltophilia colonisation on ITU Glangwili Hospital (GGH) - ongoing action plan linked to environment and practice

Verona Integron-encoded Metallo-β-lactamase (VIM)-positive *P. aeruginosa* (VIM-PA) on Derwen Ward GGH - ongoing action plan linked to environment and practice

Tuberculosis (TB) in healthcare worker. Contact tracing in place

IP&C C. difficile infection

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

Table 2. Monthly count and rate of C. difficile in Hywel Dda UHB, 2025/26

Additional filters for Table 2.

Select FY: 2025/26

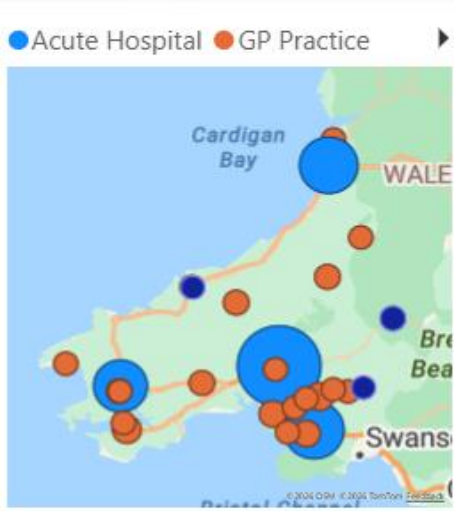
*Community onset (CO) - specimen taken in a community location or less than 3 days into a hospital inpatient stay

**Hospital onset (HO) - specimen taken more than 2 days into a hospital inpatient stay

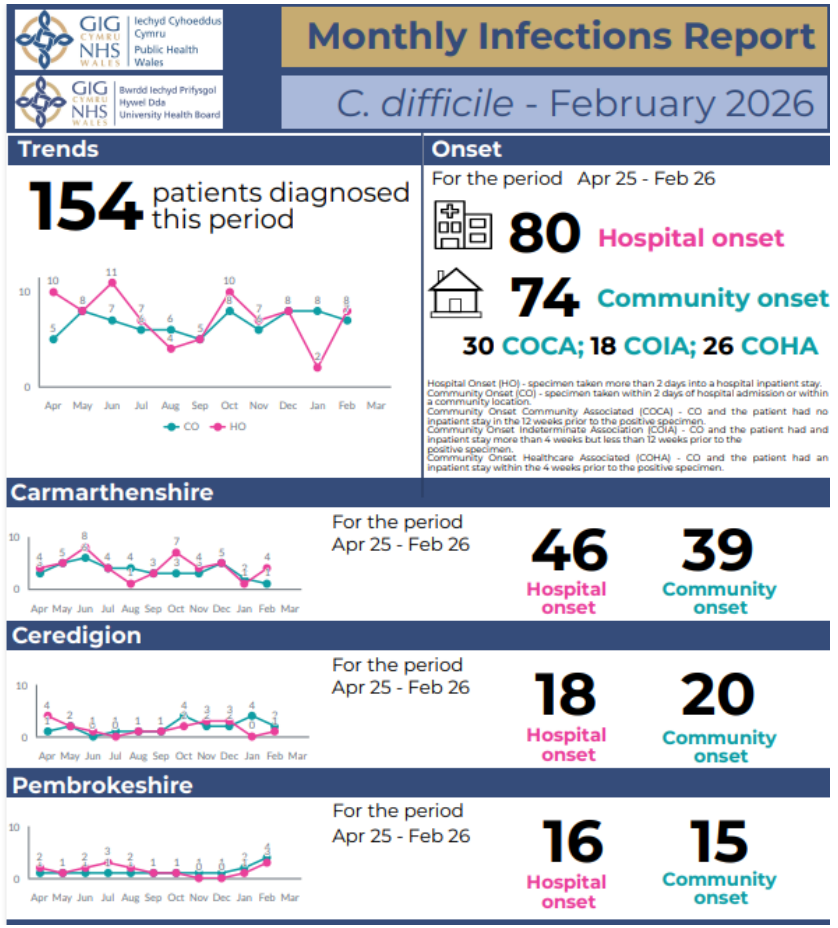
N.B. a hospital inpatient stay includes transfers with the same HB

***(HO count/Total count)*100

	Total count	CO* count	HO** count	% HO***	Total rate per 1,000 hospital admissions	Total rate per 100,000 population
2025/26	154	73	81	53%	2.87	43.36
April 2025	15	5	10	67%	3.19	47.02
May 2025	16	8	8	50%	3.43	48.54
June 2025	18	7	11	61%	3.74	56.42
July 2025	13	6	7	54%	2.62	39.44
August 2025	10	6	4	40%	2.23	30.33
September 2025	10	5	5	50%	2.07	31.35
October 2025	18	7	11	61%	3.45	54.60
November 2025	13	5	8	62%	2.61	40.75
December 2025	16	8	8	50%	3.22	48.54
January 2026	10	8	2	20%	2.01	30.33
February 2026	15	8	7	47%	3.02	50.38



For Hospital Onset (HO) cases, ≤5 patients have had 2 positive samples accounting for 8 HO cases during 25/26. For Community Onset (CO) cases 8 patient have 2 positive samples, and ≤5 patients have had 3 positive samples during 25/26 accounting for 22 CO results.



IP&C C. difficile infection

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Learning identified and actions

Learning Identified	Actions Required
Mattress cleaning: Ensure consistent, documented cleaning and decontamination	• Monthly mattress audits for wards/ departments • Mattress checking on discharge reinforced in line with decontamination and mattress cleaning policy
Hydrogen Peroxide Vapour (HPV) deep cleaning: Ensure HPV is used for all required deep cleans regardless of patient flow pressures.	• Trigger HPV decontamination in all required scenarios, even during operational pressures. • Non-compliance to be recorded • Training sessions for ward staff booked with Inivos in May for each acute site linked to new targeted IPC training
Review of historic Proton Pump Inhibitor (PPI) medication: Identify and review	• Share key themes and findings with clinical teams and discuss at Healthcare Associated Infection (HCAI) Assurance meetings/ C.diff infection (CDI) Improvement Group
IV to Oral switch project linked to C.diff Collaborative and WHC for AMR and HCAI 2025-2027 to recommence	• To link with CCGs to identify ward areas for pilot • To be monitored through CDI Improvement Group • Start Smart Then Focus audits to be presented to CCGs for ownership and action plans

IP&C E. coli bacteraemia

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Table 2. Monthly count and rate of E. coli bacteraemia in Hywel Dda UHB, 2025/26

Additional filters for Table 2.

Select FY: 2025/26

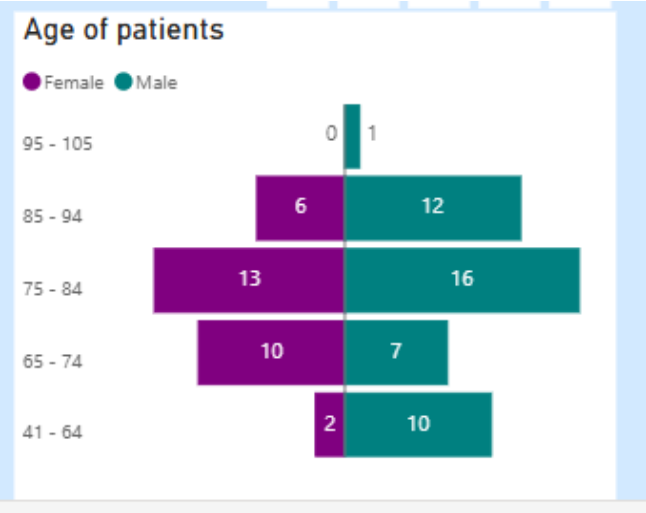
*Community onset (CO) - specimen taken in a community location or less than 3 days into a hospital inpatient stay

**Hospital onset (HO) - specimen taken more than 2 days into a hospital inpatient stay

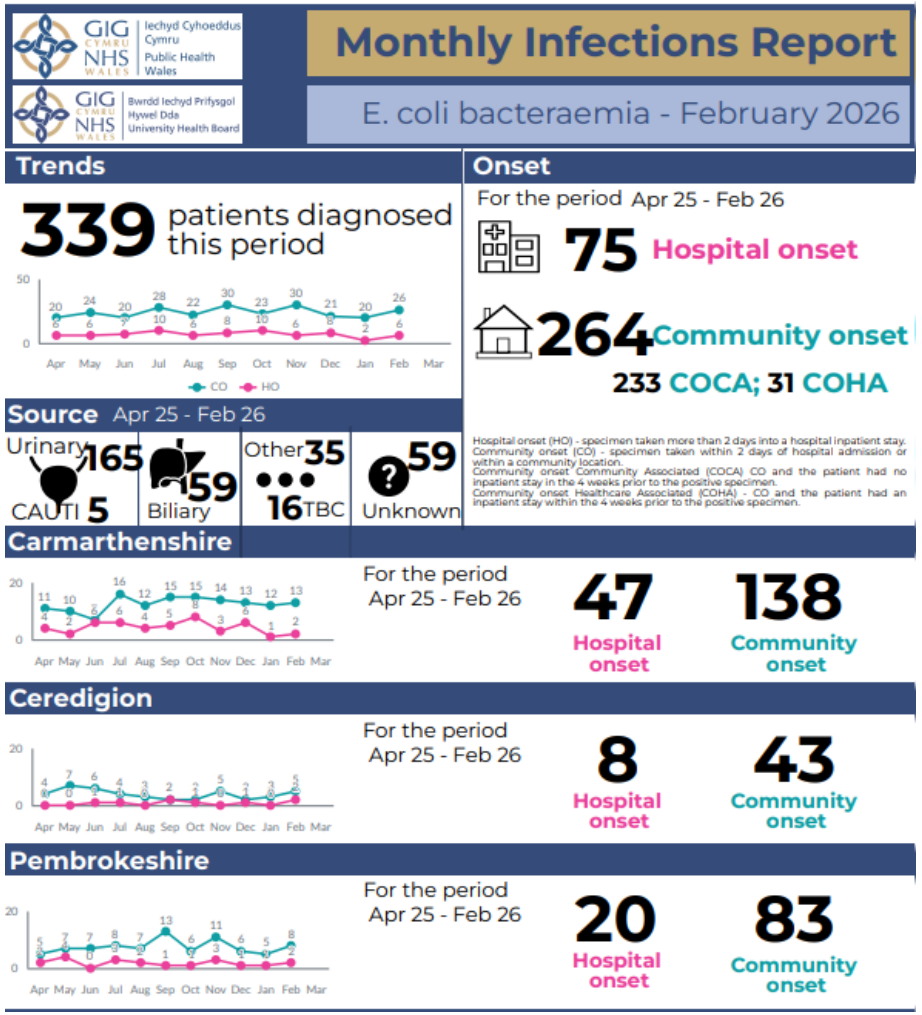
N.B. a hospital inpatient stay includes transfers with the same HB

***(HO count/Total count)*100

	Total count	CO* count	HO** count	% HO***	Total rate per 1,000 hospital admissions	Total rate per 100,000 population
2025/26	338	263	75	22%	6.31	95.16
April 2025	26	20	6	23%	5.53	81.50
May 2025	30	25	5	17%	6.43	91.00
June 2025	27	20	7	26%	5.60	84.63
July 2025	38	28	10	26%	7.65	115.27
August 2025	28	22	6	21%	6.23	84.94
September 2025	38	29	9	24%	7.86	119.12
October 2025	33	23	10	30%	6.33	100.11
November 2025	36	29	7	19%	7.23	112.85
December 2025	29	21	8	28%	5.84	87.97
January 2026	22	20	2	9%	4.43	66.74
February 2026	31	26	5	16%	6.24	104.11



For HO 25/26 5 patients have returned 2 positive results. These have been linked to repeat blood cultures and urological issues.



Learning identified and actions

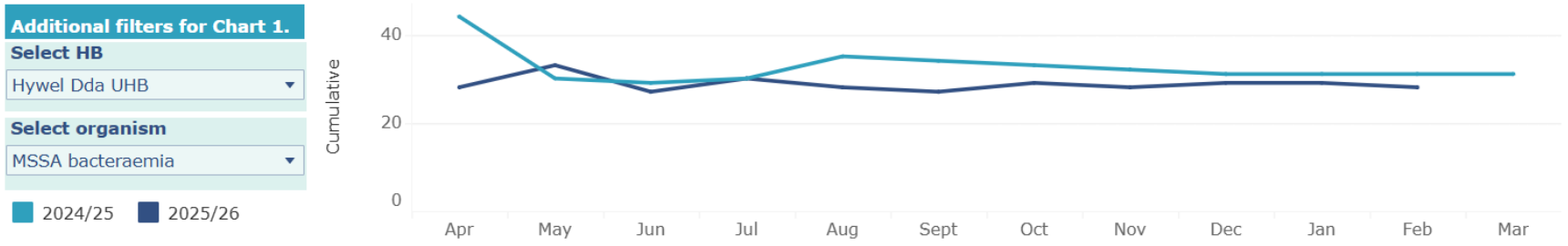
Learning Identified	Actions Required
Adherence to catheter bundles is lacking: Gaps in completion	• Compliance to be monitored through Infection Prevention Improvement Audits (IPIA) (formally QIAs) • Asceptic Non Touch Technique (ANTT) compliance review
Many cases related to complex pre-existing conditions requiring microbiology input: Complexity	• Ensure early MDT involvement for high-risk patients (microbiology, pharmacy, urology as needed). • Introduce proactive review of patients with recurrent UTIs or urological conditions.
Patient hand hygiene needs reinforcing: Poor patient hand hygiene can increase infection risk	• Compliance to be monitored through IPIAs • Reiterate the mealtime coordinator role in supporting patient hand hygiene

IP&C S.aureus bacteraemia

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

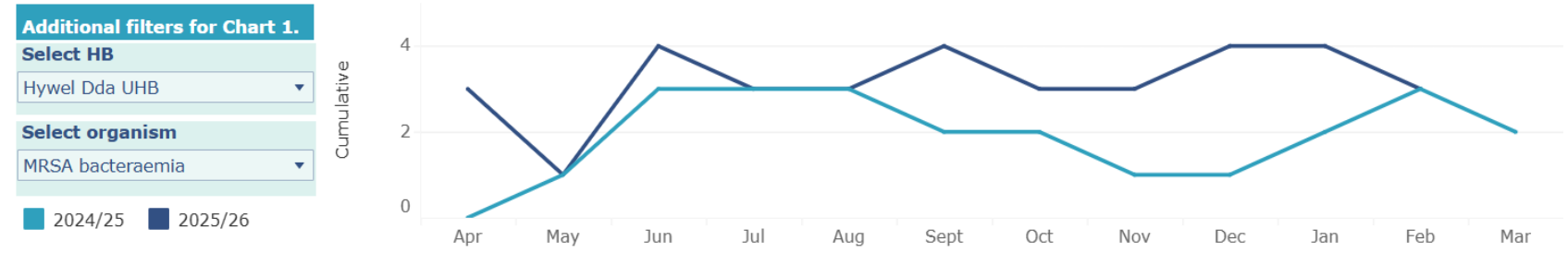
MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards.
MRSA Improvement Goal: All Health Boards should have fewer MRSA BSI cases in 2025/26 than in 2024/25.

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

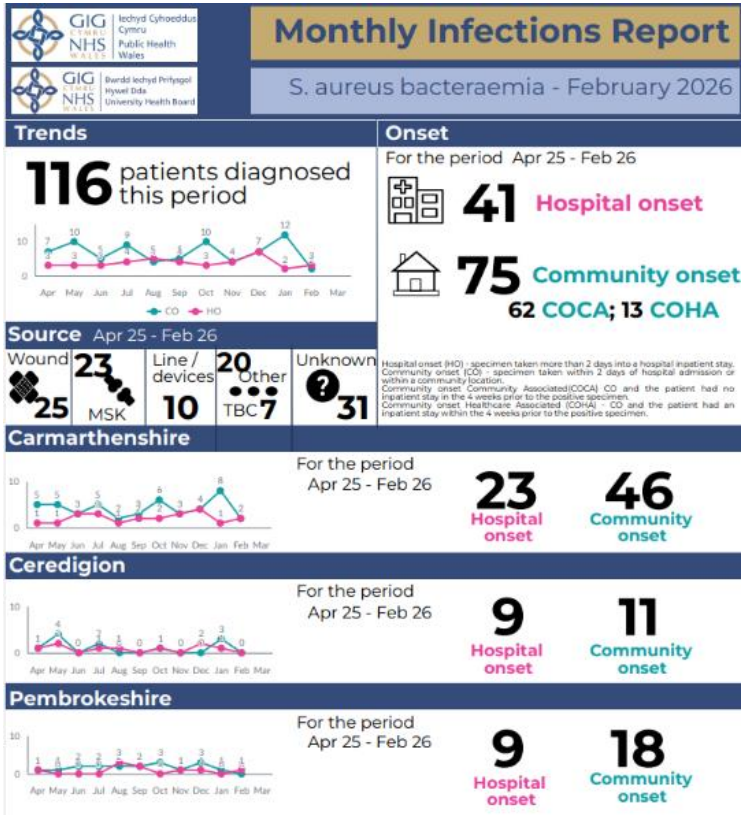


The rate of MSSA bacteraemia in Hywel Dda UHB is 28.72 per 100,000 population for Apr 25 - Feb 26. This is 10% lower than the equivalent period in 2024/25.

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



The rate of MRSA bacteraemia in Hywel Dda UHB is 3.94 per 100,000 population for Apr 25 - Feb 26. This is 27% higher than the equivalent period in 2024/25.



Learning identified and actions

Learning Identified	Actions Required
PVC bundle not completed: Gaps in peripheral vascular catheter (PVC) bundle compliance increase risk of infection	• Compliance to be monitored through IPIAs • Ensure use of PVC bundles as best practice and ensure documentation • IV to oral switch project to be progressed to reduce to number of PVCs and other lines required, reducing risk
Cases appearing across all ward areas: Distribution suggests system-wide issues rather than isolated ward-specific practice gaps. Burden remains in the community.	• Conduct thematic analysis across all affected ward areas to identify common contributory factors • Increase oversight through ward/ board rounds focused on invasive device care.
ANTT compliance needs improvement: Variation in compliance levels, assurance around practical assessment required from CCGs	• Reinforce ANTT training and competency assessments across all clinical teams. • Share good practice examples/ accreditation

HIW / CIW / HTA inspection activity:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Date of letter	HIW ref	Matter
25/02/2026	16228	GGH Palliative patient Added a bed to a 2 bed side room Felt lack of care & self-discharge
27/01/2026	15863	PPH ward 4 Personal care for a patient during a 6 day length of stay on ward 4 Governance and oversight in place on the ward
22/01/2026	15877	GGH Inside isolation room environment hygiene Ward environment IPC Shared spaces hygiene Wheelchair storage areas hygiene Cleaning supervision concerns hygiene
24/11/2025	15323	Theatres GGH Staff training and experience Staffing levels, burnout and turnover Patient safety risks and incident reports Staff wellbeing and morale Senior management and culture concerns
23/10/2025	15014	A&E GGH poor hygiene and infection control practice, lack of response to concerns raised about hygiene and safety, personal safety risks and insufficient staff training, inadequate incident follow up general concerns relating to staff training not being addressed
08/10/2025	13391	Update on CSP consultation for Critical Care

Inspections

All inspection reports in the last 6-12 month have now been published.

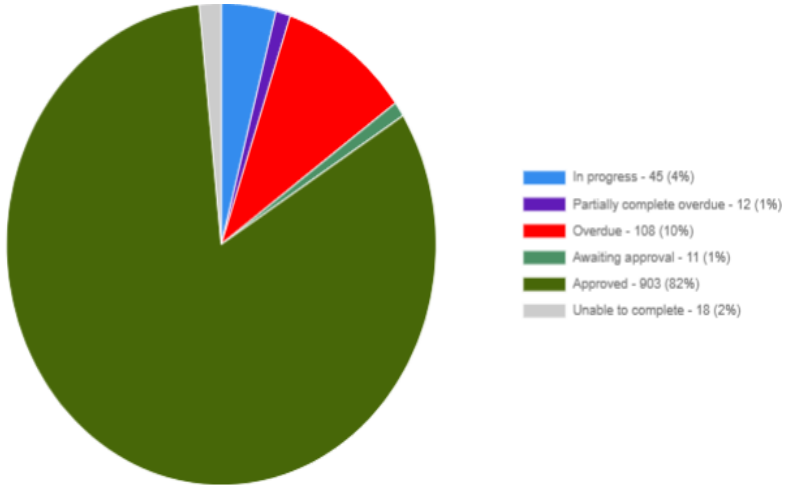
The Health Board have has received the following letters from HIW requesting assurance during 2025 (those in grey type have been previously reported to QSEC

Date of letterv	HIW ref	Matter
16/01/2025	12474	Emergency Department staffing, GGH
30/01/2025	12589	Ceredig Ward, BGH – care of patient
14/02/2025	12702	Cwm Seren – care of patient
14/02/2025	12734	Staff behaviour in Radiology, GGH
25/02/2025	12858	Theatre Department staffing, GGH
18/03/2025	12994	PPH Bryngolau – care of patient
20/03/2025	12997	Ward 12 staffing, WGH
11/04/2025	13271	Paediatric Medical Workforce
12/04/2025	13272	Mental health services provision in north Ceredigion
12/04/2025	13274	Member of staff St Nons Ward, Bro Cerwyn
30/04/2025	13391	Critical care provision in Carmarthenshire
02/05/2025	13274	Member of staff St Nons Ward, Bro Cerwyn - additional query
20/05/2025	13271 13272 13274	Paediatric Medical Workforce – request for update regarding recruitment progress Mental health services provision in north Ceredigion – request for further information St Non's Ward – request for update
06/06/2025	13747	Withybush General Hospital – care of patient
11/06/2025	13391	Critical care provision in Carmarthenshire - status and timescales CSP consultation
11/06/2025	13274	St Non's Ward – request for update
08/07/2025	13747	WGH / Mental Health family concern – update requested
08/07/2025	14043	GGH Radiology anonymous staffing concerns
18/07/2025	14165	WGH Ward 10 assurance – assurance re provision for food and water and support for patients on ward

HIW Quality Checks/Inspections: Reviews and inspections

Improvement Actions relating to HIW reviews

Source: AMaT 03/03/2026



	Overdue	Partially complete (overdue)
Community and Integrated Medicine	78	6
Estates and Facilities	0	0
Mental Health and Learning Disabilities	5	0
Nursing, Quality and Patient Experience	0	0
Operational Allied Health and Health Science	18	3
Planned and Specialist Care	2	1

	Position as at 21/01//2026	Position as at 03/03/2026
Overdue	69	108
Partially complete (overdue)	12	12
Partially complete	2	0
In progress	56	45
Rejected (to be resubmitted)	2	0

Open HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
14	144/267 (54%)	1/1 (100%)	0	0	45	0	12	108	10	12	0	320

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

Completed HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
30	306/306 (100%)	18/18 (100%)	0	0	0	0	0	0	7	0	0	583

HIW Quality Checks/Inspections: Open reviews and inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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)/2025/716	HIW Cwm Seren LSU & PICU	2/15 (13%)	0	0	0	15	0	0	0	0	0	0	5
Healthcare Inspectorate Wales (HIW)/2025/628	HIW Derwen Ward 04054	24/32 (75%)	0	0	0	2	1	0	6	0	2	0	114
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	11/13 (85%)	0	0	0	2	0	0	0	0	0	0	21
Healthcare Inspectorate Wales (HIW)/2023/29	HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	18/40 (45%)	0	0	0	0	0	0	3	4	0	0	26
Healthcare Inspectorate Wales (HIW)/2025/750	HIW Improvement plan – Community Learning Disability Team	0/6 (0%)	0	0	0	8	0	0	0	0	0	0	1
Healthcare Inspectorate Wales (HIW)/2025/668	HIW Inspection BGH Emergency Department	20/29 (69%)	0	0	0	1	0	2	7	3	0	4	56
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	6/9 (67%)	0	0	0	0	0	2	1	1	0	0	10
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	12/18 (67%)	1/1 (100%)	0	0	0	0	0	2	0	0	0	23
Healthcare Inspectorate Wales (HIW)/2024/498	IRMER Regulations	7/9 (78%)	0	0	0	0	0	0	3	0	0	0	7
Healthcare Inspectorate Wales (HIW)/2025/587	Joint Inspection of Child Protection Arrangements (Pembrokeshire)	14/21 (67%)	0	0	0	3	0	2	7	0	0	0	22
Healthcare Inspectorate Wales (HIW)/2025/595	Mynydd Mawr Ward, Prince Philip HospitaL 03921	20/24 (83%)	0	0	0	1	0	3	1	2	0	0	51
Healthcare Inspectorate Wales (HIW)/2025/596	Nuclear Medicine IRMER WGH 03909	16/26 (62%)	0	0	0	10	0	3	0	0	0	0	29

HIW Strategic Direction 2026 - 2030

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

HIW has published their Strategic Plan for 2026 to 2030 on 1 April 2026. They have identified four strategic priorities, detailed as follows:

- Putting People First
- Learning and Working Together
- Investing in our People
- Taking Action that Matters

Each strategic goal has a number of aims.

The purpose of HIW identified as “To check that healthcare services are provided in a way that maximises the health and wellbeing of people.”

The link to the report is here: Our Strategy and Operational Plan | Healthcare Inspectorate Wales

there is a short video covering the strategic plan and a PDF report of the plan, plus an easy read version.

National Patient Safety Plan for NHS Wales:2026-2031

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

NHS Wales Performance and Improvement published, on the National Patient Safety Plan for NHS Wales for 2026-2031 on 30tMarch 2026.

The Plan is described as “a critical step in strengthening our healthcare system. The aim is: Listening, leading and learning for safer care in Wales.”

The national clinical safety priorities in the plan are:

- Acute physical deterioration
- Deconditioning in the community
- Health care associated infections
- Improving safety in secondary care mental health services
- People with a learning disability and neurodivergence
- Maternity and neonatal services

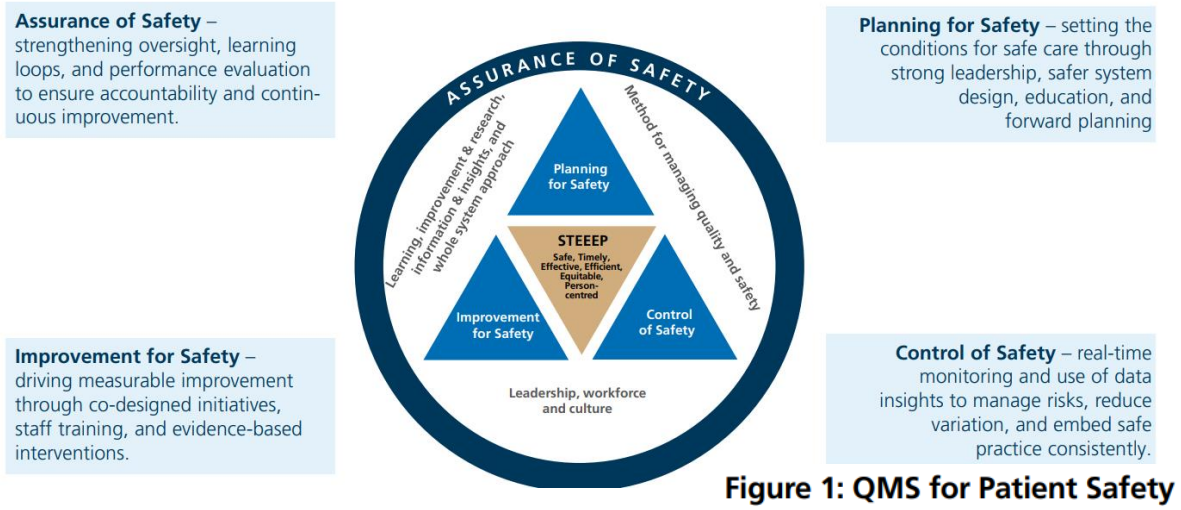


Figure 1: QMS for Patient Safety

The plan also states medicines safety is a development area.

The actions outlined in the plan and to be taken between 2026-2031 relate to NHS Wales Performance and Improvement.

At the time of writing this paper, the plan was newly published. This plan will be shared with the Quality and Safety Intelligence Group for further consideration and discussion of local actions to support the work outlined in the plan.

Recommendations

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

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience
- Complaints management
- Inquests and Regulation 28
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

QSEC is asked to note the publication of the HIW: Strategic Plan for 2026-2030 and the NHS Wales Performance and Improvement: National Patient Safety Plan for NHS Wales for 2026-2031

Authors

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

Sections:

1. Patient Safety Incident Reporting – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
2. Nationally reportable incidents – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
3. Duty of Candour – Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
4. Patient experience – Louise O'Connor, Assistant Director for Legal Services and Patient Experience
5. Complaints Management – Louise O'Connor, Assistant Director for Legal Services and Patient Experience
6. Inquests and Regulation 28 - Cathie Steele, Interim Assistant Director of Nursing, Assurance and Safeguarding
7. Infection Prevention and Control – Rebecca Richards, Head of Infection Prevention and Control
8. Healthcare Inspectorate – Caroline Burgin, Patient Safety and Assurance

GIG CYMRU NHS WALES
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Hywel Dda
University Health Board

The Duty of **Candour**

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND