Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quality and Safety Assurance Report

Quality, Safety and Experience Committee

October 2025

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
- Duty of Candour
- Patient Experience
- Complaints management
- Public Services Ombudsman for Wales Annual Letter
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

Patient Safety Incidents and Nationally Reported Incidents

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There were 15,280 incidents reported on Datix Cymru in Hywel Dda UHB between 1st September 2024 and 31st August 2025. Of these, 12,424 were Patient Safety Incidents.

Of the 12,424 patient safety incidents reported, 9,431 have been closed. 75 (0.8%) were closed as moderate, severe or catastrophic harm.

The top 3 incident classifications (patient safety incidents reported between 01/09/2024 and 31/08/2025 and closed as moderate, severe or catastrophic harm) were pressure damage (21); accident or injury (12); and treatment and procedure (8). This can be broken down further into the categories.

Pressure ulcer developed or worsened during care in this clinical care area/caseload	17
Slip, trip or fall	12
Treatment or procedure issues	7

A review of the themes within lessons learnt were provided to the Quality Safety and Experience Committee and IQFPD in July 2025. Work is underway to produce regular newsletters, and reporting to the Clinical Care Groups on the themes within their areas.

16 Incident Management Groups have been held to (22/09/2025) during September.

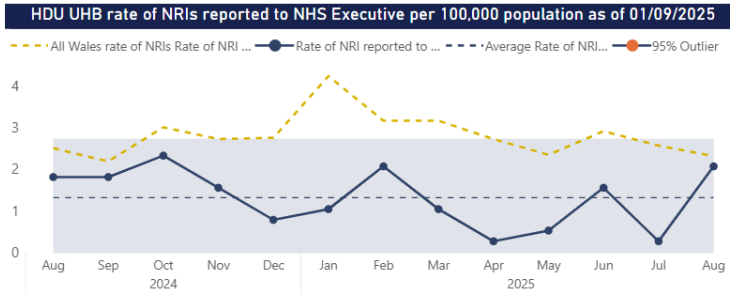
	Aug 2025	Sept 2025
Allied Health and Health Science	0	1
Community and Integrated Medicine	3	8
MH&LD	12	3
Planned & Specialist Care	2	2
Primary, Community Strategy & LTC	0	2

There were 59 Patient Safety Incidents reported to the NHS Executive between 1st September 2024 and 31st August 2025.

As of 4th September 2025, 33 incidents are open with NHS Performance and Improvement on the UHB Datix Cymru system (excluding those reported and awaiting confirmation of reference number).

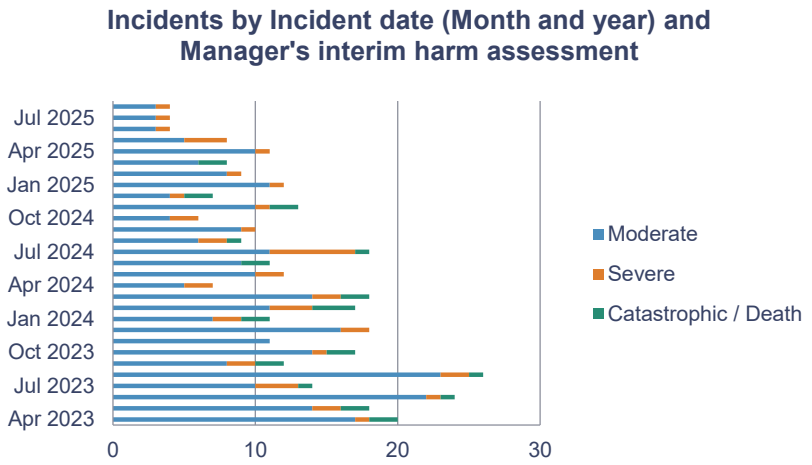
27 incidents are been open with NHS Performance and Improvement for 90 days or more.

76 incidents reported as NRIs were closed by the Health Board between 01/08/2024 and 31/07/2025 (not including those where a downgrade form was submitted).



NRI category	Total
Pressure ulcer developed or worsened during care in this clinical care area/caseload	8
Neonate	7
Unexpected death	7
Treatment or procedure issues	3
Maternal	2
Self-harm / self-injurious behaviour	2
Clinical assessment, clinical diagnosis	1
Communication issues	1
Compliance with bundle/ guidance	1
Diagnostic testing - Radiology	1

Health Board Overview – Duty of Candour



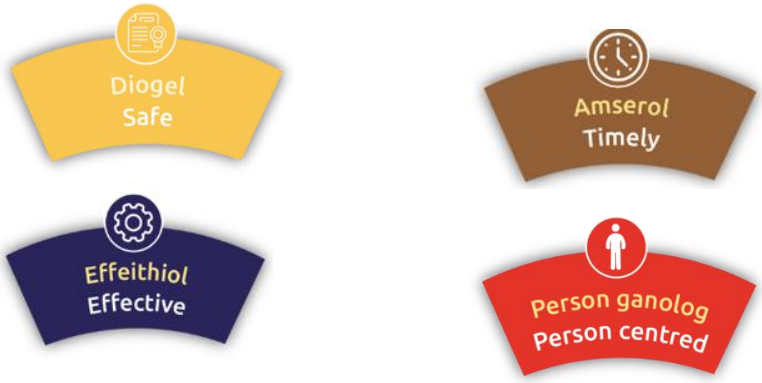
246 incident records have been closed where duty of candour had been triggered during the manager's initial assessment.

		Harm post investigation					
		None	Low	Moderate	Severe	Catastrophic / Death	Total
Manager's interim harm assessment	Moderate	14	48	143	3	1	209
	Severe	1	6	4	9	3	23
	Catastrophic / Death	3	5	1	2	3	14
	Total	18	59	148	14	7	246

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	**68**
Pressure ulcer developed or worsened during care in this clinical care area/caseload	59
Pressure ulcer present before admission to this clinical care area/caseload	6
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	**65**
Burns or scalds	1
Contact with object or animal	1
Slip, trip or fall	60
Patient injury	3
Treatment, procedure	**45**
Blood / plasma products transfusion	3
Treatment or procedure issues	42



Learning identified:

- Clear, complete, and accurate documentation of clinical decisions, patient consent and assessments
- Strengthening communication between clinical teams, ensuring prompt referrals and developing clear pathways for service delivery
- Early and repeated clinical examinations and timely escalation of care

People's Experience Feedback

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Since the introduction of the revised Welsh Patient Experience Survey in April 2025, the following tables represent the volume of surveys issued via FFT and those who access the Survey together with responses.

Friends and Family Test

Question:	Survey	2025 Apr	2025 May	2025 Jun	2025 Jul	2025 Aug	2025 Sept	Benchmark
1. How would you rate your overall experience?	NHS Wales People's Experience Survey (FFT)	88.0	87.0	86.9	87.8	88.5	86.5	85
5. Were you able to communicate in your preferred language?	NHS Wales People's Experience Survey (FFT)	95.5	95.2	95.6	96.0	95.9	94.7	85
Overall:		91.5	91.0	91.1	91.8	92.1	90.4	
Respondents:		1754	2293	2444	2580	2049	156	

NHS Wales People's Experience Survey

Question:	Survey	2025 Apr	2025 May	2025 Jun	2025 Jul	2025 Aug	2025 Sept	Benchmark
2. How would you rate your overall experience?	NHS Wales People's Experience Survey (PES)	79.1	79.7	78.3	80.5	80.9	73.4	85
6. Were you able to communicate in your preferred language?	NHS Wales People's Experience Survey (PES)	94.7	95.6	96.5	96.8	95.6	95.4	85
7. Was the time you waited:	NHS Wales People's Experience Survey (PES)	70.2	67.7	67.9	70.3	67.5	58.8	85
8. Did you feel well cared for?	NHS Wales People's Experience Survey (PES)	83.7	83.9	82.0	84.6	83.8	80.1	85
9. Were you treated with dignity and respect?	NHS Wales People's Experience Survey (PES)	91.1	91.6	90.2	91.9	91.6	86.5	85
10. Did you feel that you were listened to?	NHS Wales People's Experience Survey (PES)	87.4	87.4	85.6	88.1	88.1	83.0	85
11. Were you involved as much as you wanted to be in decisions about your care?	NHS Wales People's Experience Survey (PES)	87.1	86.5	85.1	87.9	87.8	87.1	85
12. Were things explained to you in a way you could understand?	NHS Wales People's Experience Survey (PES)	91.2	90.0	89.5	90.8	91.2	87.7	85
Overall:		85.5	85.3	84.3	86.3	85.8	81.5	
Respondents:		680	873	845	968	993	61	

Further information is provided in the patient experience report to Board which is attached as appendix 1

Health Board Overview – Complaints Management

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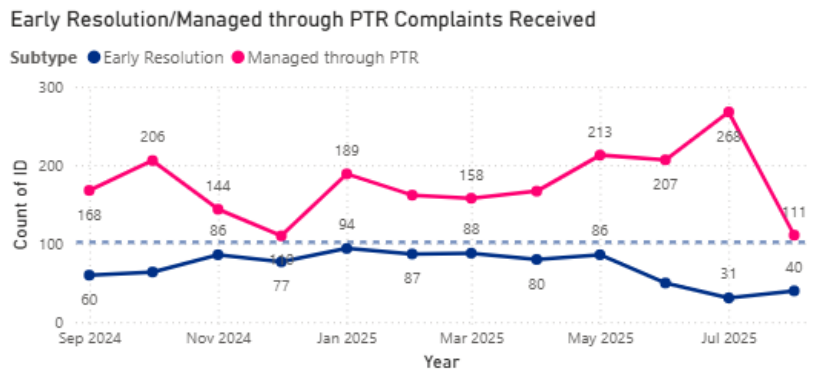
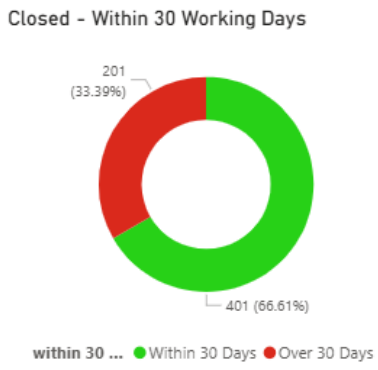
Number of complaints received by month (last rolling 12-month period) PTR)

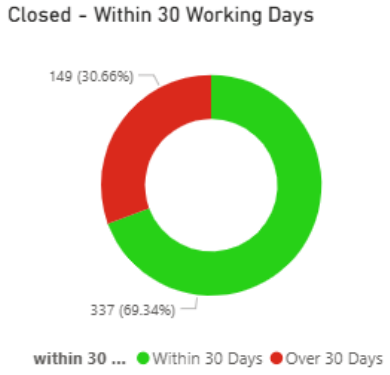


Proportion of complaints within 30 working days (2024/25)

Q1 24/25

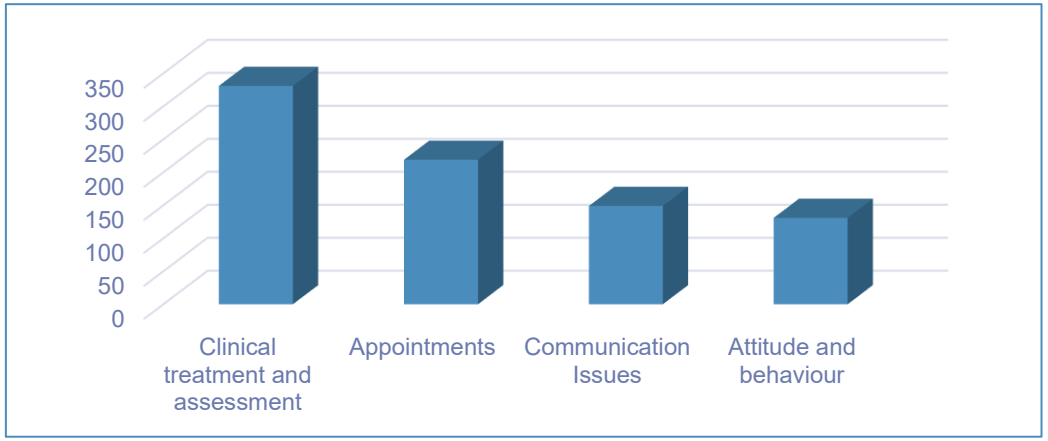


Q1 25/26



The above charts show that, based on Health Board data, the performance in Q1 25/26 is consistent with the same Quarter last year.

Top four themes of complaints since April 2025 to date (end Aug)



Main themes giving rise to complaints remain consistent; with A&E, T&O, Ophthalmology and Gynaecology receiving higher numbers of complaints in this category.

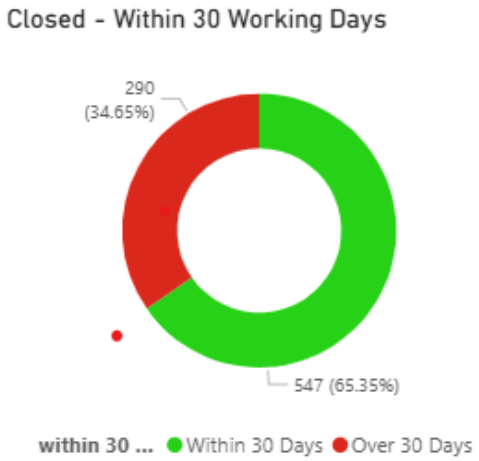
A quarter of all complaints about appointments and waiting times are linked to Ophthalmology services. Urology and dermatology also receive higher numbers in this theme.

As usually seen, complaints about communication, attitude and behaviour are spread across Health Board services. Ophthalmology and Dermatology have the highest numbers of complaints recorded in this area.

Comparisons should be considered in conjunctions with the number of services and interactions being delivered by teams, which can add a more balanced picture.

Health Board Overview – Outcomes from complaints

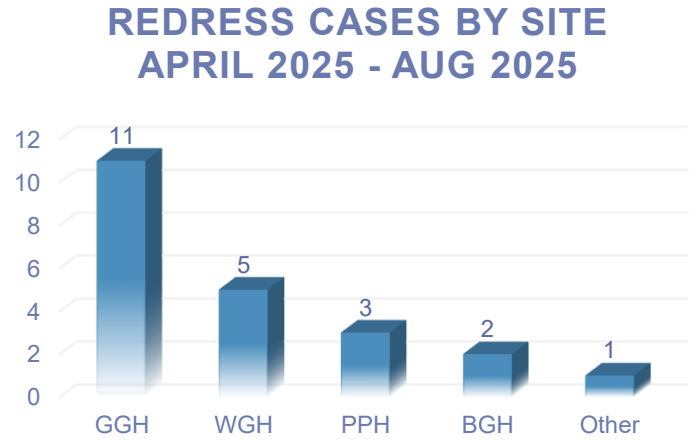
In the financial year 2025/26 so far (end August), 65% of complaints were closed within the 30-working day target timescale advised in the ‘Putting Things Right Regulations. The national target is 75%. This includes both formal investigations and cases handled as early resolutions:



Since the start of the financial year,, 17 complaints have identified a breach of duty of care which have not led to harm

24 cases have been escalated to redress because failings have, or may have, caused harm to patients. These have mostly occurred at our general hospital sites.

Learning from events reports will be produced following these incidents.



Learning from the Ombudsman

In Quarter 1 25/26 there were 9 interventions from the Ombudsman, which included 1 new investigation looking at the medical management and treatment of pancreatitis.

In Quarter 2 to date, there have been 10 interventions, including six new investigations. These include investigations into the diagnosis of Pulmonary Embolism, treatment of a bowel blockage and cancer, provision of appropriate pain relief, nursing care, treatment for Influenza A and record keeping.

There have been 20 decisions not to investigate since the start of the financial year and no final reports to date.

Public Services Ombudsman for Wales

- The Public Services Ombudsman for Wales has published her annual report. The report Turning the page - Annual Report and Accounts 2024/25 can be found on the PSOW website.

- The Health Board has also received the annual letter for 2024/25 from the PSOW. This is attached as appendix 2 to this report.

Infection Prevention and Control (IP&C)

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Quality Planning

- Organisation Annual Plan
- Annual IP&C work plan
- Infection Prevention Strategic Steering Group Work Plan
- WHCs relating to IP&C and Public Health
- WHC Antimicrobial Resistance (AMR) & 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/ community settings

Quality Control

- Standardisation of assurance/ scrutiny groups in progress
- Reports to and from Clinical Care Groups (CCG)/ Subgroups of Infection Prevention Strategic Steering Group (IPSSG)
- Review of Health Board (HB) 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 to Start Smart The Focus (SSTF) for each acute site
- All CCGs to review data within the Health Board Safety Dashboard and ensure that cases are reviewed (see Quality Improvement)
- Review of monthly data from HARP with internal HB analysis and scrutiny and use of infographics in CCGs
- Outbreak management meetings held as required.

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 and observational audits programme in place with improvement action plans produced
- Review of Synbiotix scores in relation to IP&C audit programme
- HPV in use in 3 acute sites
- HCID/infectious disease pathway training dates have been completed for GGH and BGH, dates in September and October for PPH and WGH
- Engagement in the National C.diff Learning Collaborative

Quality Assurance

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	Apr-25	May-25	Jun-25	Jul-25	Aug-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	8	11	7	4
	Number of laboratory confirmed S.aureus bacteramia cases with hospital onset	33% reduction, maintained for 3 months	3	Baseline (average Q3 23/24)	2	3	3	3	4	5
	Number of laboratory confirmed E.coli bacteramia cases with hospital onset	25% reduction, maintained for 3 months	7	Baseline (average Q3 23/24)	5	6	5	7	10	6

- Aseptic Non-Touch Technique (ANTT) 82.58% compliance with HB critical care and other inpatient areas seeking accreditation
- Level 2 mandatory training at 75.56%. Mandatory training rates now reported at CCG meetings
- HPV enhanced cleaning now available at 3 acute sites
- IPC Environmental audits focusing on very high-risk and high-risk areas. Theatres, ITUs, and Maternity and oncology have been completed.
- HCAI and IP&C included within all CCG escalation improving together sessions (EITS)

IP&C continued

Filters for Table 1. and Chart 1.	Select count or rate	Select all or hospital onset (HO)* specimens
	Rate per 1,000 admissions	All specimens

Table 1. Current FY rate per 1,000 hospital admissions of specimens by HB, Apr - Aug 25

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	2.09	0.06	1.27	3.15	1.12	0.35
Betsi Cadwaladr UHB	3.23	0.12	1.92	4.79	1.4	0.28
Cardiff and Vale UHB	2.9	0.25	2.07	4.42	1.88	0.33
Cwm Taf Morgannwg UHB	2.37	0.07	1.72	5.55	2.33	0.14
Hywel Dda UHB	2.9	0.25	1.95	6.22	2.2	0.37
Powys THB	13.16	0	1.64	1.64	0	0
Swansea Bay UHB	3.58	0.15	1.77	4.16	1.95	0.44
Velindre NHST	0	0	1.47	5.13	0	0
Wales	2.81	0.14	1.74	4.54	1.69	0.31

Diogel Safe

There is a mixed trend for HDUHB, with some infections improving and others being more challenging.

- MRSA rates in August increased, early cases review indicates that these cases are linked to cannulas/ invasive devices.
- E. coli bacteraemia rates remain high suggesting a need for targeted interventions for population base.

Filters for Table 1. and Chart 1.	Select HB	Select count or rate	Select all or hospital onset (HO)* specimens
	Hywel Dda UHB	Rate per 1,000 admissions	All specimens

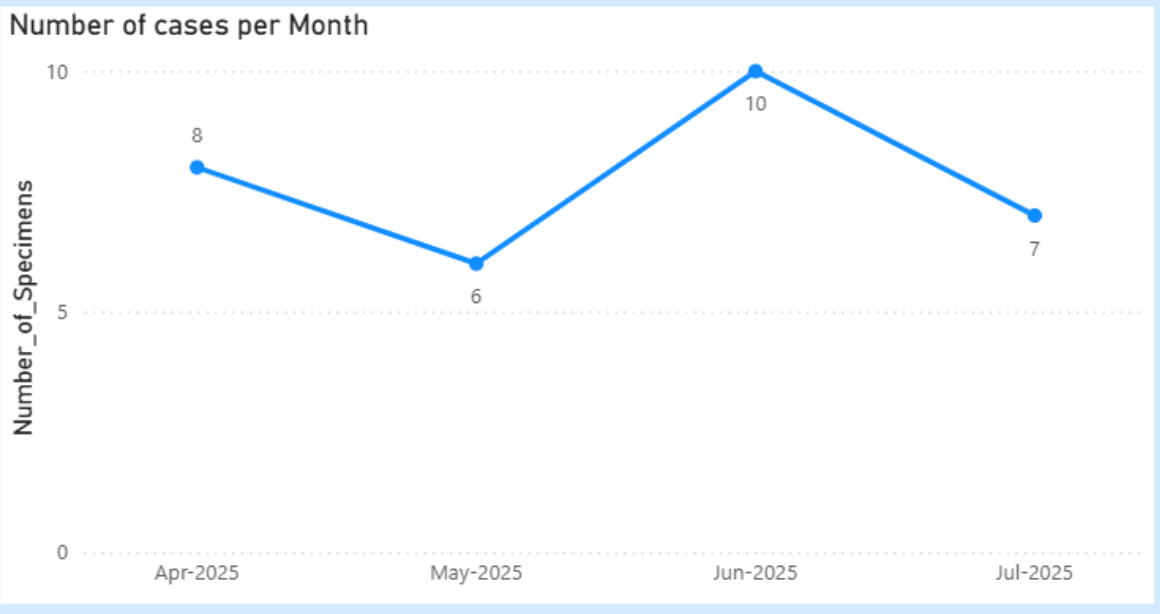
Table 1. Current FY rate per 1,000 hospital admissions of specimens by acute hospital in Hywel Dda UHB, Apr - Aug 25

Additional filters for Table 1.
Select month or FY: Current FY
Select organism group: All organisms

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Bronglais General Hospital	2.2	0	3.77	8.49	2.83	0.94
Glangwili General Hospital	1.95	0.28	1.58	5.03	2.33	0.37
Prince Philip Hospital	2.78	0.21	1.71	4.92	1.07	0
Withybush General Hospital	2.36	0.39	1.96	8.84	2.75	0.39

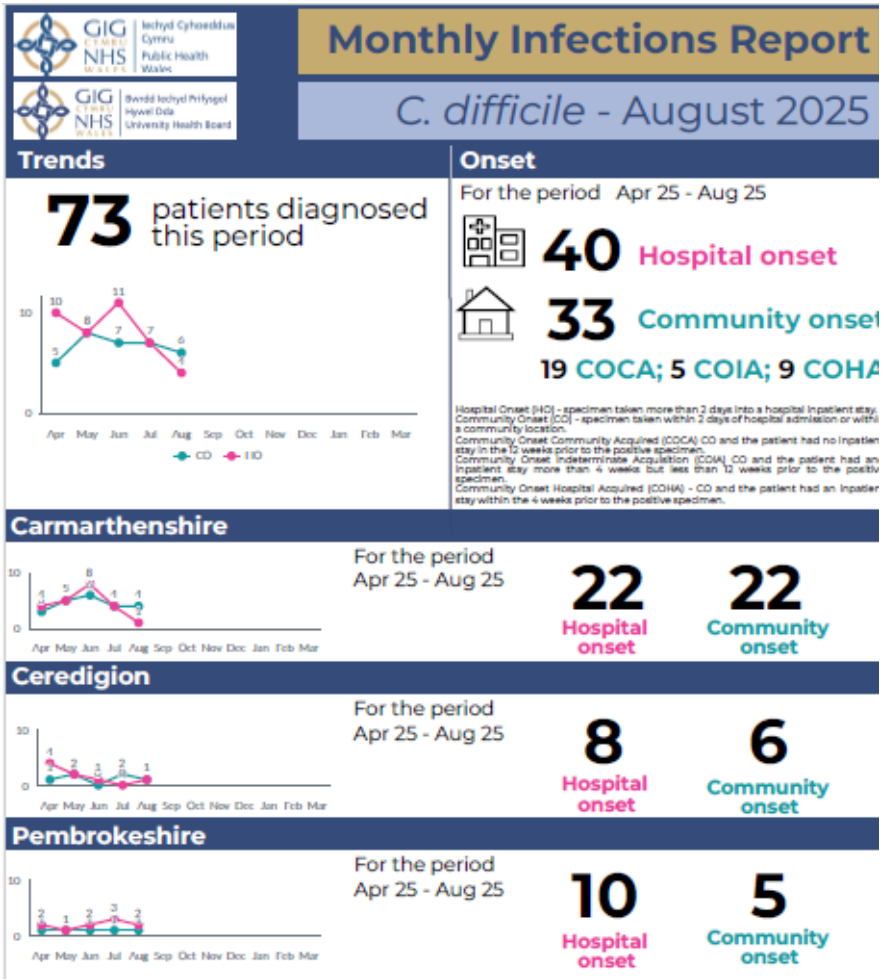
IP&C C.difficile

Number of hospital onset specimens from 01/04/25 to 31/07/25.



During this period there were 31 positive hospital onset cases and 30 positive community onset cases. During this period 4 patients had 2 positive samples, and 1 patient had 3 positive samples. These patients will be reviewed for suitability for Faecal Microbiota Transplantation (FMT).

The C.diff collaborative has been discussed at the C.diff Infection (CDI) Improvement Group and projects are being reviewed. Many staff have taken part in interviews and focus groups relating to potential projects.



IP&C E.coli and S.aureus

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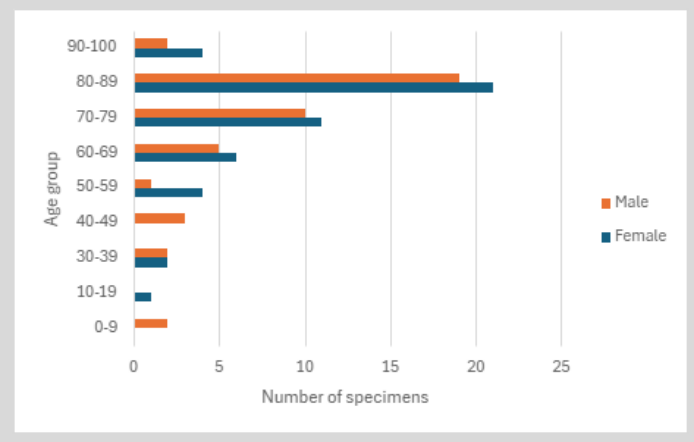
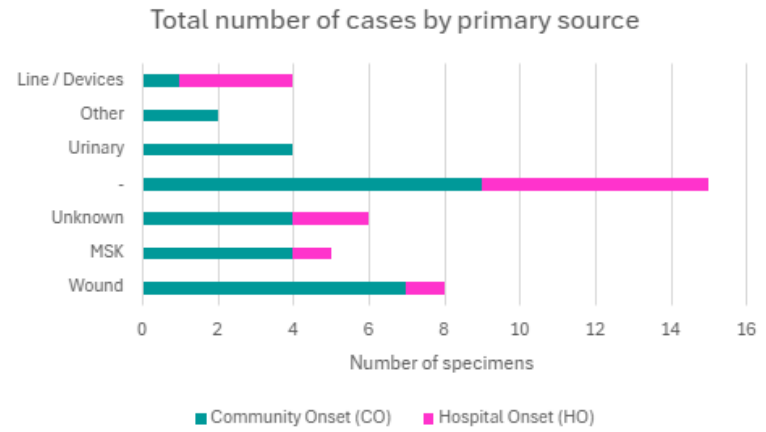
Age profile E.coli bacteraemia

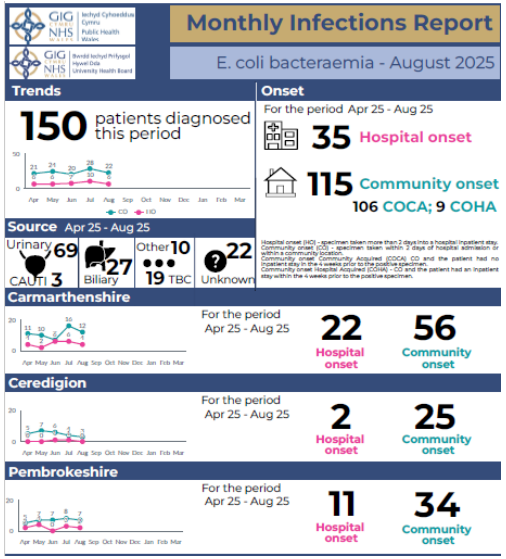


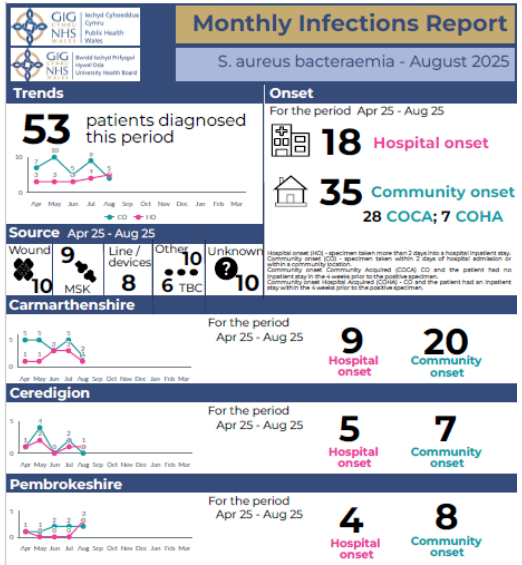
For E.coli number remain high, the above graph demonstrates the age profile for positive samples, showing the burden in the 80-89 bracket

Total number of cases of S.aureus bacteraemia by source



Some sources are still to be confirmed following further review and discussion





Actions

- ANTT compliance profiled and reported to all CCGs monthly, ANTT to be mandatory on ESR for HB. ANTT 82.58% compliance
- Hand hygiene encompassing bare below the elbow profiled and validation audits as indicated
- Ward manager/ Senior nurse hand hygiene audits now on Amat and monitored
- Burden for both infections remains in the community with proactive prevention work ongoing with public health

Diogel Safe

HIW / CIW / HTA inspection activity:
22/08/2025 – 30/09/2025

GIG CYMRU NHS WALES
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The Health Board have now seen 5 inspections during 2025; the first in Maternity Glangwili between 13th and 14th May 2025; the second inspection took place in WGH Radiology (Nuclear) 17th and 18th June 2025, the third at EUCC at Bronglais on 28th July 2025 and the fourth in Mynnyd Mawr at Prince Philip Hospital on 5th August 2025. The fifth inspection is in Derwyn ward at Glangwili 2nd September 2025 and feedback was recieved. The finalised inspections have been generally positive, but EUCC, Mynnyd Mawr and Derwyn ward raised immediate actions which have been addressed within the timeline provided. (see next slide for further information).

The Maternity Glangwili report was published on 14th August 2025, the WGH Radiology (Nuclear) report was published on 18th September 2025. The Health Board await the draft reports for EUCC at Bronglais, Mynnyd Mawr and Derwyn ward. No further reports from HIW or the HTA have been published in the period.

Healthcare Inspectorate Wales has introduced a new engagement process. Further information is attached as appendix 3.

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

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
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 request. Response 29th July 2025 advise plan to share by 8th Aug 2025.

Date of letter	HIW ref	Matter
13/08/2025	13272	North Ceredigion Mental Health provision – request for update. Response sent 20th Aug 2025.
13/08/2025	14414	WGH concerns raised re ED discharge /re-enablement. Response sent 20th Aug 2025.
18/08/2025	13747	GH Bro Cerwyn / Mental Health family concern – outcome date requested. Responded to 22/08/2025 with content and plan to share on 12th Sept 2025.
20/08/2025	14043	GGH Radiology anonymous staffing concerns – update requested; met with HIW 20/08 & further response sent 22nd Aug 2025.
22/08/2025	14435	MH&LD / Service user raised concerns regarding unit after discharge. Response sent on time 22nd August 2025.
08/09/2025	14601	Bryngolau assurance - Service user raised concerns regarding unit cleanliness after discharge. Response sent 12th Sept 2025 (on time).

Areas requiring immediate assurance

The following areas were flagged in the last report to IQFPD and also to the SNMT

- Medication fridge temperature checks
- Resuscitation and other emergency trollies – checking in line with policy
- Signage for rooms where oxygen cylinders stored
- Temperature monitoring and escalation in rooms where medicine is stored

The following issues were flagged in the last report to IQFPD and also to the SNMT as immediate assurance actions in the HIW inspection of Derwen Ward:

- Medication management processes were not robust and safe – no fridge checks evidenced.
- Environment of the ward – H&S risks which needs assurance including blood pressure cuffs not being decontaminated between patients, IV fluid room not locked, clutter and dust throughout the ward, toilets not cleaned; lack of storage space
- Lack of O2 tubing on the ward, only 2 had tubing since this was raised
- Wall suction units not working at full capacity & need to be tested
- Food given out by domestic staff who may have been involved in earlier hours in cleaning toilets - this could be a risk as contamination may still be on their uniforms
- During the tour of ward setting – patient records were seen being left and stored in various locations including an unlocked trolley and unlocked ward clerk's offices
- Sample of 6 patient records and NEWS scores was not accurately recorded, and not checked for 4 hours, and could have had a poor second result when checked;
- Lack of documentation of sepsis risk in records – staff were aware and display on wall re Sepsis but process not followed in records
- VTE not being completed in patient records
- Emergency trolley checks not evidenced as being completed consistently with some gaps in records.

Immediate assurance improvement plans have been sent to HIW and accepted as providing the required assurance. Implementation of the agreed actions will be monitored through the CCG Integrated Governance Groups and reported to IQFPD

HIW Quality Checks/Inspections: Reviews and inspections

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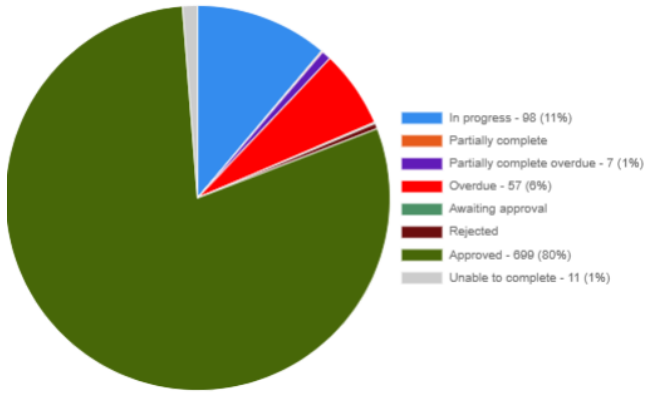
Improvement Actions relating to HIW reviews



Source: AMaT 30/09/2025

	Overdue	Partially complete (overdue)
Unplanned care (Mynnyd Mawr)	6	1
(Unplanned care) Derwen ward	20	0
Mental Health and Learning Disabilities (all)	19	4
Operational Allied Health and Health Science (all)	6	0
Planned and Specialist Care (maternity)	5	0
Jt Inspection Child Protection (Pembs)	10	1

	Position Feb 2024	Position as at 07/08/2025	Position as at 30/09/2025
Overdue	51	22	57
Partially complete (overdue)	17	5	7
Partially complete	1	1	1
In progress	119	25	98

The number of open HIW inspections has increased from 12 to 13, which has also demonstrated an increase in the number of open actions under review on AMaT.

See appendix 4 for all overdue actions

Open HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
13	121/227 (53%)	1/1 (100%)	0	0	98	1	7	57	5	2	4	206

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Code	Title	Type	Date of inspection	Origin	Recommendations	Actions
Healthcare Inspectorate Wales (HIW)/2024/395	Bryngolau Ward, Prince Philip Hospital	New	02/09/2024	Healthcare Inspectorate Wales (HIW)	40	51
Healthcare Inspectorate Wales (HIW)/2024/396	HIW Children and Young People Mental Health Review	New	05/02/2024	Healthcare Inspectorate Wales (HIW)	9	23
Healthcare Inspectorate Wales (HIW)/2025/628	HIW Derwen Ward 04054	New	02/09/2025	Healthcare Inspectorate Wales (HIW)	9	55
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	36
Healthcare Inspectorate Wales (HIW)/2025/565	HIW GGH Maternity Services 03924	New	12/05/2025	Healthcare Inspectorate Wales (HIW)	13	23
Healthcare Inspectorate Wales (HIW)/2024/302	HIW Glangwili Hospital – Morlais Ward inspection	New	01/07/2024	Healthcare Inspectorate Wales (HIW)	9	18
Healthcare Inspectorate Wales (HIW)/2023/29	HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	New	07/03/2023	Healthcare Inspectorate Wales (HIW)	40	33
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	New	31/01/2024	Healthcare Inspectorate Wales (HIW)	9	14
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	25
Healthcare Inspectorate Wales (HIW)/2024/498	IRMER Regulations	New	01/10/2024	Healthcare Inspectorate Wales (HIW)	9	10
Healthcare Inspectorate Wales (HIW)/2025/587	Joint Inspection of Child Protection Arrangements (Pembrokeshire)	New	17/03/2025	Healthcare Inspectorate Wales (HIW)	21	34
Healthcare Inspectorate Wales (HIW)/2025/595	Mynydd Mawr Ward, Prince Philip HospitaL 03921	New	05/08/2025	Healthcare Inspectorate Wales (HIW)	3	16
Healthcare Inspectorate Wales (HIW)/2025/596	Nuclear Medicine IRMER WGH 03909	New	17/06/2025	Healthcare Inspectorate Wales (HIW)	26	42

Please Note: AMaT has changed how it displays inspections actions

To note an action is assigned to the corporate team for each inspection . The action is to review all evidence and approve final submission when all actions complete. If actions are overdue within the CCGs this will mean that the action for the corporate team is also overdue. The corporate action is not included within the report from HIW.

Recommendations

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

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

- Patient safety incidents
- Nationally reported patient safety incidents
- Duty of Candour
- Patient Experience
- Complaints management
- Public Services Ombudsman for Wales Annual Letter
- Infection prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

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
5. Infection Prevention and Control – Rebecca Richards, Head of Infection Prevention and Control
6. Healthcare Inspectorate – Caroline Burgin, Patient Safety and Assurance

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
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

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

Patient Experience Team
Tîm Profiad Y Claf

IMPROVING PEOPLE EXPERIENCE REPORT

September 2025

Introduction

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify areas for improvement, to share good practice and learn from positive experiences.

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Charter. The Listening and Learning Sub-Committee will oversee the communication and implementation plan for the Charter. The Committee receives feedback from across concerns, compliments and experience.

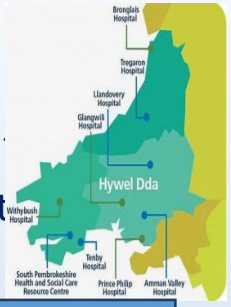
The following information demonstrates how we are capturing service user feedback by encouraging our service users and providing different ways in which this can be provided. Most importantly, service users should feel that there has been a valuable purpose to them providing their feedback.

A Charter for People and Community Experience - your healthcare, your expectations, our pledge

WE WILL ALWAYS:
Treat you with dignity, respect and kindness.
Communicate with you in a way which meets your individual, language and communication needs.
Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.
Provide safe and effective care, in the most appropriate and clean environment.
Ensure that your information is kept secure and confidential.
Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Service User Feedback ‘at a Glance’ June 2025 - July 2025

We continue to receive many positive stories and comments about the services provided by our caring and compassionate sta
We are continually sharing and celebrating these achievements across the organisation. We will share information relating to t
figures later in the report.



<u>NHS People’s Experience Framework</u>

32,643 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. 5,406 responded representing a 16.5% response rate. **86.2% gave a Very Good or Good response** to the How would you rate your overall experience question.

12,795 were sent the NHS Wales People Experience Survey (PES). 1,933 responded, the areas of A&E received a higher volume of patient experience feedback.

240 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. Staff attitude and compassionate care were the main areas of appreciation.

In this period there has been one Investigation started by the Public Services Ombudsman for Wales. This will consider whether there were missed opportunities to make an earlier diagnosis of pulmonary embolism and whether clinical management after diagnosis was appropriate, timely and in line with guidance.

<u>Complaints and enquires</u>: 559 new cases were received into Patient Support Services. Of these, **459** were received as **enquiries.** The main reasons for enquiries and early resolution cases related to appointments / waiting list queries, attitude and behaviour and communication inefficiencies.

During the period, a total of **465 complaints were closed. 297** were responded to **within 5 working** days through the early resolution process.

1,284 calls were made to the 0300 0200 159 Patient support number of which 37 were via the medium of Welsh.

Patient feedback – Demographics

Gender Distribution
For this period, female respondents have again provided the most feedback, with a strong lean toward positive sentiment. Responses from non-binary or undisclosed genders were fewer and evenly spread across sentiment types.

Age Group Trends
As reported for the previous period, the older age groups tend to respond ; however, during this period there is an increase in those aged 45 who are happy to share their feedback. Age 65+ are providing more positives responses compared to other age groups

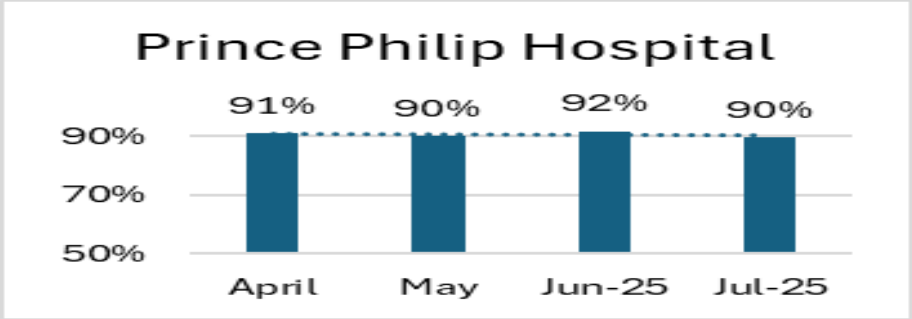
Disability
Around 40% of respondents report experiencing some degree of limitation in their day-to-day activities due to health conditions or disabilities. This insight will assist support services in tailoring their provisions to better meet the needs of affected individuals. An example of this data being used is within Glangwili hospital where they have been using data to improve patient areas. This includes a new sensory room for children, the team are also awaiting a delivery of ear defenders and cutlery for those with disabilities

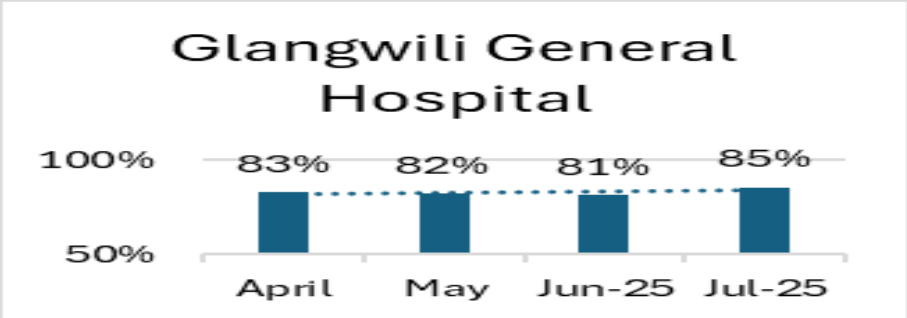
Ethnic Group Representation
Over half of the respondents identified as Welsh, making it the predominant ethnic group represented in the survey. This insight is valuable for informing the development of culturally sensitive healthcare services and communication strategies. Staff are encouraged to take advantage of opportunities to learn the Welsh language, enabling them to engage confidently and respectfully with patients whose first language is Welsh

Religion
For this period there has been a fairly even split between Christian and non-religious respondents, with a small proportion choosing other or unspecified options.

Patient feedback –June – July 2025

Each graph represents this period's performance for different sites. The differences in the data can be attributed to various factors such as operational changes, seasonal variations, patient feedback, and external influences.





Minor Injuries Unit highlights prompt diagnosis and treatment, with staff consistently described as friendly, thorough, and efficient. Patients appreciated the speed and professionalism of care, though some negative comments lacked detail. Concerns were raised regarding infection control practices and communication, including reports of inadequate hand hygiene during triage.

Cardiology, patients praised the compassionate and professional approach of staff, particularly in managing urgent referrals. However issues with transport cancellations and poor coordination, which caused distress for some patients. Many patients provided ratings without accompanying comments, limiting insight into their experiences.

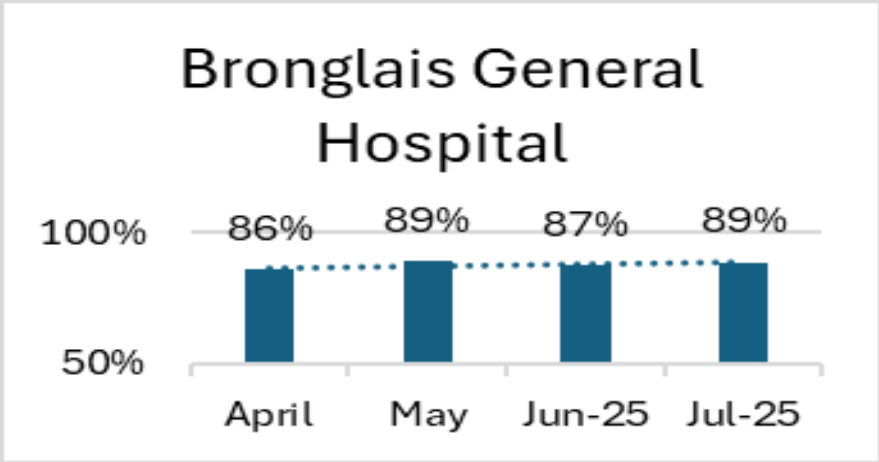
Accident & Emergency (A&E) received the highest volume of patient feedback. A significant proportion of negative comments were recorded, primarily linked to long waiting times, overcrowding, and limited comfort, indicating notable patient dissatisfaction in this department.

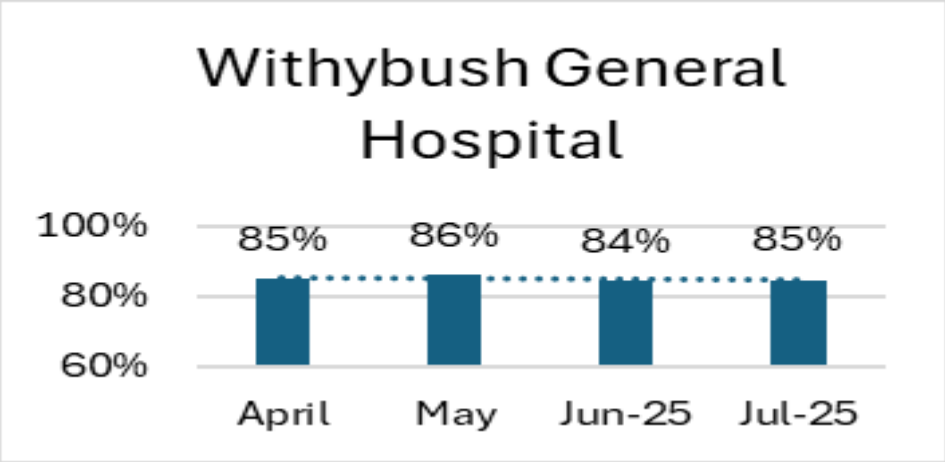
Services such as **Urology, Ear, Nose and Throat (ENT), and Ophthalmology** were consistently rated positively. Feedback suggests these departments deliver high-quality clinical care and maintain effective communication with patients, contributing to a more satisfactory experience.

Gastroenterology and General Surgery stood out for their low incidence of negative feedback, reflecting well-managed patient expectations and efficient care delivery. It is also notable that many patients at Glangwili Hospital provided ratings without accompanying comments, which limits the depth of insight into their experiences and may obscure specific areas for improvement.

Patient feedback –June – July 2025

Each graph represents this period's performance for different sites. The differences in the data can be attributed to various factors such as operational changes, seasonal variations, patient feedback, and external influences.

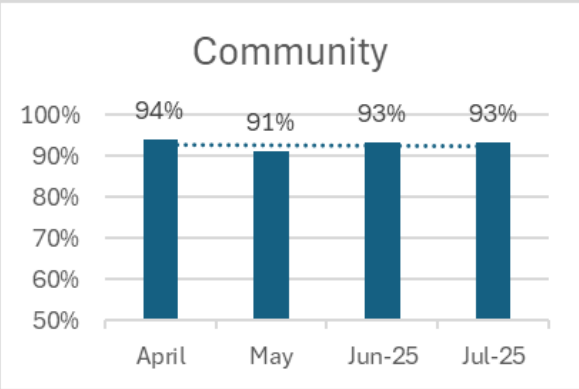




A&E received both positive and negative feedback across similar themes: communication, waiting times, environment, staff, and access. Negative comments peaked on Fridays and Saturdays, indicating possible service pressure during the weekend, while Tuesdays and Wednesdays saw less negative feedback.
Trauma & Orthopaedics was praised for staff professionalism but noted concerns about understaffing.
Gynaecology feedback highlighted helpful and caring staff.
Midwifery services were commended for supportive midwives, though some patients felt certain doctors did not listen.
Many patients provided ratings without accompanying comments, limiting insight into their experiences.

A&E Positive: Friendly and caring staff, efficient triage, quick response for urgent cases, and a clean, calm environment. Negative: Long waits (up to 9–11 hours), lack of trolley space, poor communication, and overcrowded conditions. Negative feedback often coincided with weekends and early-week surges.
Trauma & Orthopaedics Staff in the plaster room were described as considerate and helpful. Concerns about being short-staffed and delays in diagnostics (e.g. MRI).
Minor Injuries Unit Patients were often seen quickly and praised the thoroughness of care.
Cardiology The secretary was praised for handling urgent referrals with compassion.

Patient feedback – Overall feedback June- July 2025



Feedback received from **Cardigan Integrated Care Centre** and **Tenby Cottage Hospital** has been overwhelmingly positive. There was high praise for the staff, with many comments highlighting their helpfulness and caring approach. The majority of patient experiences were described as positive. However, recurring themes included concerns around waiting times and communication, which were mentioned frequently across responses.

Emergency Department Feedback and Improvement Initiatives

Most negative feedback continues to be associated with Emergency Departments (A&E), with concerns raised around waiting times and the overall patient experience.

At Bronglais Hospital, improvement work is underway within the EUCC (Emergency and Urgent Care Centre) waiting areas. This includes collaboration with the Communications and Arts in Health teams, as well as support from the Nutrition and Hydration team to enhance food provision and introduce an additional hydration station. The team is also investing in more comfortable, height-adjustable chairs to improve patient comfort. Ongoing customer service training is being delivered to staff to further enhance patient interactions.

At Glangwili Hospital (GGH), the quiet bereavement room has recently been refurbished to provide a more supportive environment for families. Further improvements are planned for the A&E department, including the installation of new worktops in the doctors' bays and a full refurbishment of the A&E reception area to improve patient confidentiality.

GGH Childrens room

GGH Learning Disability packs

Mental Health Patient Experience Feedback

The most frequently mentioned services in the patient feedback were **Community Mental Health Team – Adult Services, Adult Mental Illness, Old Age Psychiatry, and the Community Drug and Alcohol Team**. These areas received the highest volume of responses, indicating they are key points of contact for patients accessing mental health support.

Positive themes were consistently observed across services. Staff attitude was highly praised, with descriptors such as kind, friendly, understanding, and professional appearing repeatedly. Communication was another strong point, with patients appreciating being listened to and having their treatment and care explained clearly. Efficiency was also noted, with many patients reporting that they were seen quickly and that appointments ran on time.

However, several areas for improvement were identified. Waiting times were a recurring concern, with some patients reporting delays in being seen or experiencing long gaps between appointments. Continuity of care was also highlighted, with a few patients expressing concern about being discharged too soon or not receiving adequate follow-up. Environmental and accessibility issues were mentioned, including difficulties with parking, limited consultation room availability, and communication barriers such as language or hearing impairments.

Primary care Patient Experience Feedback

Most responses were received from **GP practices in Carmarthenshire**, where feedback leaned strongly positive. In contrast, Pembrokeshire had fewer responses and a more mixed sentiment.

Patients frequently praised respectful and thorough care. One noted, ”The receptionist treated me with respect and informed me they were running late. When the doctor saw me, he went through everything thoroughly.” Another highlighted, “Full review given as well as asthma review. Time taken to discuss concerns and proactive steps taken.”

Positive experiences also included feeling heard and supported: “I always feel really comfortable and am able to explain myself and be heard.” However, there were concerns regarding seeing a different doctor every time, access issues and communication.

Listening to Children, Parents - Carers

The Paediatric service continues to share updates through ‘You Said – We Did’ boards, ensuring families know their feedback is valued and acted upon.

To strengthen the voice of younger patients, a proactive feedback process has been embedded into daily ward routines. Staff now use a handover checklist that includes a prompt to collect feedback.
Child-friendly paper feedback forms are being used, which children and families find easier to engage with. Patient Experience Officers support the transfer of these responses into the digital system.
The service has reviewed feedback from children, parents, and carers, and remains grateful for the time taken to share experiences. Actions have been taken in response, and updates have been shared with relevant teams. There have been no main themes in the surveys.

Overall positive feedback
The kindness of staff, quality of food, allowing for parents to stay over, the i-pad and play-room were appreciated by staff. Parents reports feeling very comfortable staying in the facility, with staff regularly checking if parents required anything. Comments were received that help was always on hand, and any questions were answered professionally.

Survey Children aged 4- 11 Suggestions and Feedback
Visiting hours, unfortunately, no further details were provided about specific issues.
Service Response - Parents are welcome at majority of times, to maintain infection control and ensure adequate space, the team will manage the number of people around each bed. This information will be clearly communicated to patients, parents, and carers.

Responses to the Children's, Parents – Carers Survey

Survey 11 years Suggestions and Feedback

- Not enough thermometers staff saying they could not locate them
- More games
- More space for belongings

Service response

- Thermometers have been re-ordered due to loss and are being restocked.
- The playroom is well stocked; the play team has been asked to ensure children are aware of what is available.
- Storage space is limited; patients are advised to bring only essential items. Each bed has a personal locker.

Survey Parents – Carers suggestions

- Chair beds are suitable for short stays but uncomfortable over longer periods.
- Toilets could be cleaner, with bins emptied more frequently and toilet roll restocked.
- A more colourful environment was suggested to help children feel more relaxed.

Service response

- Buddy beds were funded through charitable donations. While not ideal for extended stays, they are suitable for short visits, with average stays under 2 days.
- Cleanliness concerns have been noted and escalated via the Call 4 Concern (C4C) process.
- Bright colours can overstimulate neurodiverse children; the ward uses neutral tones and seasonal decorations to maintain a child-friendly environment.

Compliments

The Patient Experience team continue to visit services to provide teams with certificates of appreciation. Teams provide feedback on how great it feels to receive this recognition and look forward to seeing this every week via the “Feel Good Friday” posts on Viva Engage. 240 **compliments** were received for this period compared to 203 for the previous period

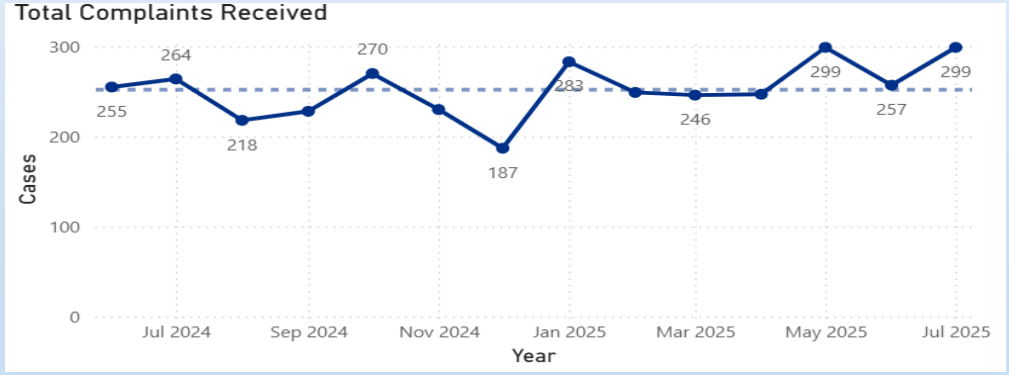
I want to compliment the Early Supported Discharge Team at Withybush Hospital. My husband had a stroke in January and came home seven weeks ago. Having staff - who supported him on Ward 11 - continue to work for 6 weeks in the home has been invaluable. Having to get used to different people would have delayed his recovery - the transition was seamless. The physios, OTs and their assistants are a credit to you.

A&E patient expressed deep gratitude for the professionalism, empathy, and dedication of the staff, describing the experience as “amazing” and highlighting the importance of compassionate care during periods of high demand.

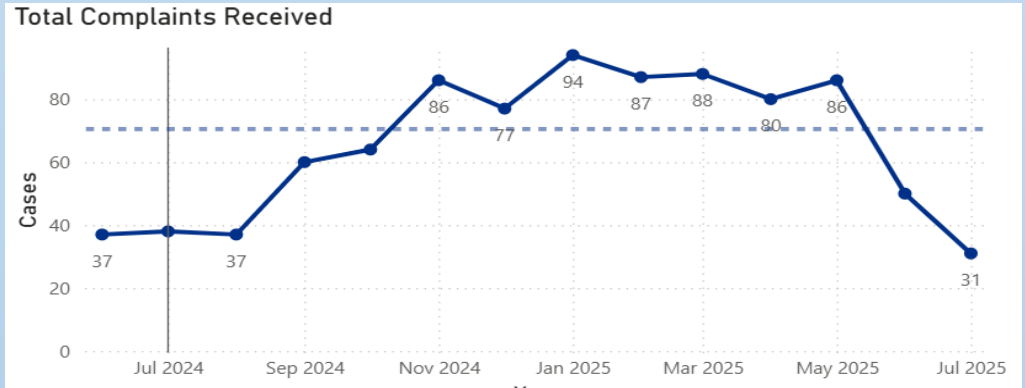
If patients were pleased with their treatment or care they can share their appreciation to an individual staff member or team, by giving them a big thank you by completing our 'Big Thank You' online form which can be located on https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/ or they can look out for the poster in our hospitals.

Summary of Complaints and Concerns - Received June/ July 2025

In the reporting period June/ July 2025, **556** new concerns and complaints were received by the Health Board in total. Whilst this is only a small (3%) increase from the preceding period, numbers of new complaints have remained high in the first two quarters of the year to date:



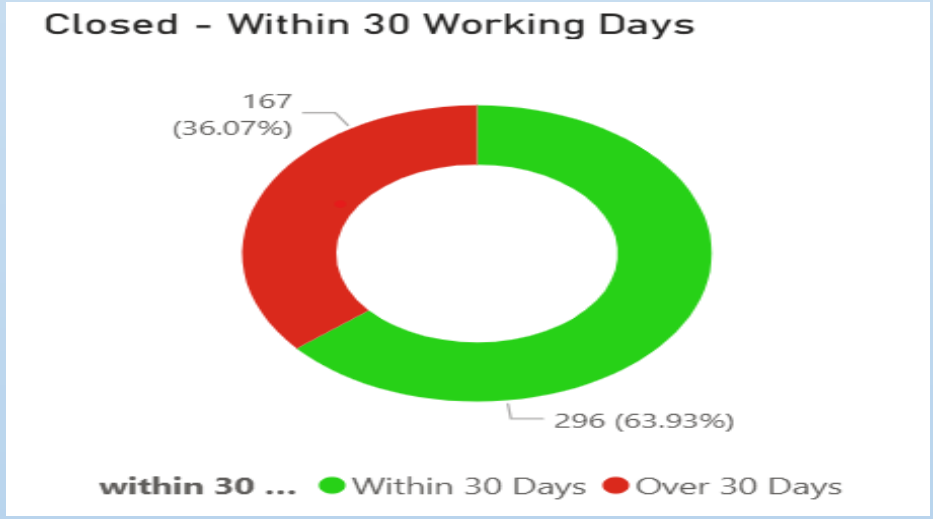
81 of the complaints received in the period were managed as early resolution cases, with the aim of being resolved within five working days. Whilst there has been a significant increase in the amount of early resolutions since November 2024, the downward trend in this period reflects both the significant staffing challenges across Patient Support Services through the summer and a focus on overdue formal complaints.



64% of complaints closed in the period achieved the 30-working day timescale under Putting Things Right, which includes those cases handled as early resolutions. The target set by Welsh Government is 75%.

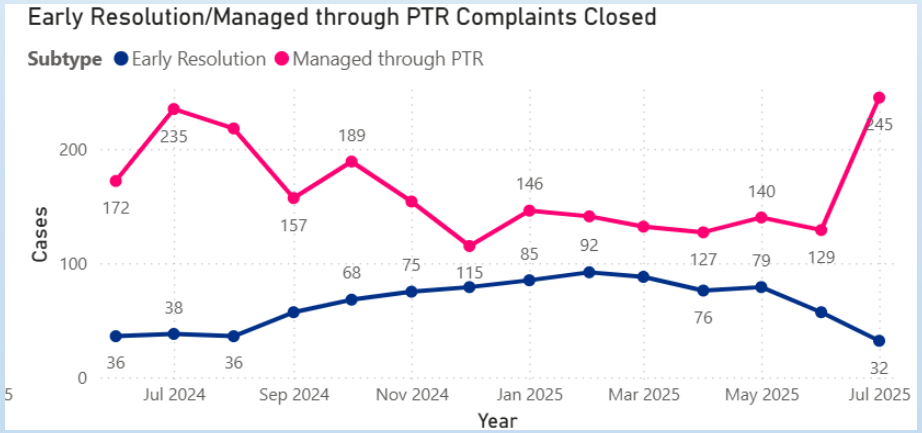
In anticipation of changes to the NHS Complaint Regulations, the Health Board continues to promote early resolutions as the preferred method for addressing concerns in a timely, reactive and person-centred manner. This does not replace the need for proportionate investigations where they are necessary.

The Health Board is working on a trajectory for improving timescales that will enable it to achieve the Welsh Government target.

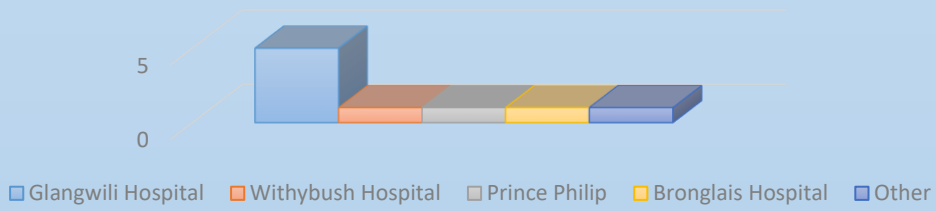


Summary of Outcomes from Complaints: June – July 2025

463 concerns and complaints were closed in the period June/ July 2025. Of these, **374** were managed as formal complaints and investigated under the Putting Things Right Regulations. The remainder (19%) were resolved through the early resolution process. The high closure in July represents a targeted drive by the Patient Support team to close overdue formal complaints.



9 cases were escalated to Redress in the reporting period, because failings have, or may have, caused harm to patients. These have occurred at the following sites:



In the same period, **8** complaints were upheld because of errors or omissions in care but were not found to have caused harm.

The significant failings in care identified in the June/ July 2025 period include a missed fracture, a delay to treat fracture and to consider surgery, and insufficient wound management. In addition, a failing in cystoscopy was identified, and an incident where insufficient advice during discharge from hospital had led to further unnecessary admission.

The top three services with the most formal (investigated) complaints individually in June/ July 2025 are:

PLN Care - Ophthalmology	36
PLN Care - Urology	20
Accident & Emergency	16

This shows a similar picture to the previous period, where Ophthalmology and A&E receive higher numbers of complaints. Gynaecology, Urology and Orthopaedics also receive higher numbers.

The most common themes giving rise to complaints remains unchanged in this period, remaining consistent with those seen at the end of Q1 and at the end of financial year 2024/25 also:

Clinical treatment/Assessment	141	29.56%
Appointments	96	20.13%
Communication Issues (including Language)	55	11.53%
Attitude and Behaviour	37	7.76%

Learning from the Ombudsman

In the period June/ July 2025 there has been one new investigation started by the Public Services Ombudsman for Wales. This will consider whether there were missed opportunities to make an earlier diagnosis of pulmonary embolism and whether clinical management after diagnosis was appropriate, timely and in line with guidance. In addition, there were:

- 7 instances recorded where complainants escalated their concerns to the Ombudsman and, following review, the Ombudsman decided not to investigate.
- 2 complaints made to the Ombudsman prematurely.
- 6 early resolution agreements made between the Health Board and the Ombudsman.

There have been no final reports received in June/ July 2025.

Learning from Complaints

On receipt of concerns raised by a member of the public, a review takes place and establishes whether there has been failings in care or treatment, and if there are opportunities to implement learning as result of the findings of the review. This is referred to an ‘Learning from Events’. Where failings in care are identified by the Ombudsman, a similar process takes place and actions are taken to improve future patient safety and experience. All Ombudsman reports are taken through the Listening and Learning Sub-Committee for discussion.

In the case of Mrs C, the Ombudsman’s investigation found that the patient’s urinary issues had not been appropriately investigated. The Ombudsman recommended that the Health Board conduct an audit of 10% of patients with urinary issues to assess whether they had been treated in accordance with the Welsh Continence Guidance, rectifying any deficiencies identified in the process. A full continence audit and improvement plan was actioned by the Health Board following this, with the Ombudsman confirming that they were satisfied that the actions taken had complied fully with the recommendation in July 2025.

In the case of Ms B, the Ombudsman found that her disabilities had not been appropriately managed by staff, including the allegation of inappropriate restraint. It was recommended that the Health Board develop a consistent method of logging admissions of patients with learning disabilities and to record training for staff regarding restrictive practices. A full action plan was produced following this, including targeted face to face training for priority services in respect of restrictive practices and the establishing of LD champions in hospital ward settings. The Ombudsman confirmed that she was satisfied with the actions taken in July 2025.

You Said…	…We Did
Feedback highlighted that the children's area of Glangwili Hospital, and general area in A&E felt outdated and in need of improvement.	A brand-new children's play area has been created, complete with a quiet sensory room to support children with additional needs. We also refurbished the quiet bereavement room, which was officially opened last week to provide a more comforting space for families. Further improvements are planned, including new worktops in the doctors' bays and a full refurbishment of the A&E reception area.
'Patients and visitors need better access to refreshments when attending A&E, especially during long waiting periods.'	Glangwili Hospital's A&E department has partnered with the hospital kitchens to run a two-week trial offering food and drink for patients between 07:30am and 6:30pm daily. We've also installed a new water fountain to ensure easy access to hydration throughout the day.
Feedback at our Withybush Hospital site identified the need for better parking arrangements for patients.	Patient and visitor only parking areas have been identified, and staff are provided with separate parking zones. This will help to ensure that visitor space is reserved for members of the public and this is supported by new parking wardens.

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Communications
01656 641150
caseinfo@ombudsman.wales

Date: 30 September 2025

PERSONAL & CONFIDENTIAL
Dr Neil Wooding
Hywel Dda University Health Board

Dear Dr Neil Wooding

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 130 complaints about Hywel Dda University Health Board and closed 131 – some complaints were carried over from the previous year. Hywel Dda University Health Board's intervention rate was 33%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

We made 137 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 140 recommendations were due. 89% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

- 'Equality Matters' (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide my office with a copy of the Health Board's Annual Report for 2024-25 on the Duty of Candour and Quality.

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris
Public Services Ombudsman

Cc. Phil Kloer, Chief Executive, Hywel Dda University Health Board
Olivia Barker, PSOW Liaison Officer, Hywel Dda University Health Board

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	**973**	**3164404**	**0.28**

Appendix B – Complaints received (by organisation)

Hywel Dda University Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	0	
Adult Mental Health	9	7%
Ambulance Services	0	
Appointment procedures (including outpatients)	6	5%
Care Homes	0	
Child and Adolescent Mental Health	0	
Clinical treatment in hospital	61	47%
Clinical treatment outside hospital; Dentist	1	1%
Clinical treatment outside hospital; GP	1	1%
Clinical treatment outside hospital; Other	6	5%
Clinical treatment outside hospital; Physiotherapist	2	2%
Complaints Handling	0	
Confidentiality	0	
Continuing care	1	1%
De-Registration	0	
Disclosure of personal information / data loss	0	
Funding	0	
Gender Identity Funding	1	1%
Health	26	20%
Housing	0	
Medical records/standards of record-keeping	0	
Medication > Prescription dispensing	0	
Non-medical services	0	
Nosocomial (Framework)	1	1%
Other	6	5%
Out of Hours GP care	0	
Patient list issues	4	3%
Poor/No communication or failure to provide information	2	2%
Prisoner Care	0	
Referral to treatment time	2	2%
Rudeness/inconsiderate behaviour/staff attitude	1	1%
Various Other	0	
Total	**130**	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	**263**	**982**	**27%**

Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Hywel Dda University Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	39	30%
Early resolution*	33	25%
Matter out of jurisdiction	21	16%
Non-public interest report issued: complaint not upheld	3	2%
Non-public interest report issued: complaint upheld*	7	5%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	2	2%
Premature	25	19%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	1	1%
Total	**131**	

Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	160	66%
Betsi Cadwaladr University Health Board	196	210	65%
Cardiff and Vale University Health Board	72	96	70%
Cwm Taf Morgannwg University Health Board	101	118	42%
Hywel Dda University Health Board	137	140	89%
Powys Teaching Health Board	16	12	33%
Swansea Bay University Health Board	86	86	64%
Welsh Ambulance Services University NHS Trust	18	6	33%

Chief Executives and Chairs
NHS Health Boards and Trusts Wales
Via Email

26 September 2025

Dear Chief Executive and Chair

Introduction of New NHS Engagement Process

I am writing to inform you of the introduction of Healthcare Inspectorate Wales' (HIW) new NHS Engagement Process, which will come into effect from **6 October 2025**. Please find attached the full guidance document, which outlines the process in detail.

Following a comprehensive review of our previous Relationship Manager (RM) model, HIW has developed a new, standardised, team-based approach to engagement with Health Boards and NHS Trusts in Wales. This new model is designed to ensure consistency, strengthen collaborative relationships, and enhance the flow of intelligence and information within HIW and between HIW and NHS Wales organisations.

This new approach is aligned with HIW's strategic priorities, objectives and values, supporting our shared aim of delivering safe, effective, and high-quality healthcare across Wales.

Planned engagement meetings will be maintained and will include other key staff within the organisation as appropriate.

The following table summarises the key differences between the previous RM model of engagement and the new NHS Engagement Process:

Previous RM Model	New NHS Engagement Process
Single Relationship Manager as main contact	Team-based approach led by Head of NHS Assurance, both clinical teams (Acute and Mental Health) and the intelligence team
Variable frequency and content of meetings	Regular, structured, intelligence-led meetings

Llywodraeth Cymru / Welsh Government
Parc Busnes Rhydycar / Rhydycar Business Park
Merthyr Tudful / Merthyr Tydfil
CF48 1UZ
Tel / Ffôn 0300 062 8163
Fax / Ffacs 0300 062 8387
www.hiw.org.uk / www.agic.org.uk

Inconsistent correspondence and contact lists	Designated recipients for all assurance correspondence
Less systematic intelligence sharing	Consolidated intelligence and proactive risk identification
Less clarity on escalation	Clear escalation and communication routes
Limited focus on continuous improvement	Stronger emphasis on improvement, learning, and stakeholder engagement
Dispersed oversight	Central oversight by Head of NHS Assurance, both clinical teams and intelligence team

Please ensure that this document is shared with all members of the executive team.

Should you have any questions regarding the new process or require further clarification, please do not hesitate to contact the NHS Assurance Team at: HIW-NHSassurance@gov.wales

Thank you for your continued co-operation and commitment to improving healthcare services in Wales.

Yours sincerely,

Alun Jones
Chief Executive
Healthcare Inspectorate Wales
Cc.
Executive Director of Nursing
Executive Medical Director

Llywodraeth Cymru / Welsh Government
Parc Busnes Rhydycar / Rhydycar Business Park
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Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Healthcare Inspectorate Wales NHS Wales Engagement Process

Guidance for Health Boards and NHS Trusts

Version: 1
Review: February 2026

Author: Head of NHS Assurance

Date: October 2025

Contents

Introduction

Healthcare Inspectorate Wales (HIW) is responsible for inspecting, reviewing and investigating NHS Wales services, to seek assurance that healthcare providers deliver safe and quality care to people. We consider how services comply with healthcare regulations and legislation, meet the **Health and Care Quality Standards 2023**, comply with Welsh Government strategy, policy and legislation, and adhere to professional standards and guidance relevant to their area of care.

Establishing and sustaining productive relationships with Health Boards and NHS Trusts is fundamental to the delivery of safe and effective care. In alignment with HIW's strategic priorities, our efforts are dedicated to ensuring that healthcare services throughout Wales are consistently safe, effective, and responsive to the needs of the population. Our key objectives include maintaining a firm emphasis on care quality as individuals access and transition between services, demonstrating agility in identifying and addressing emerging risks to patient safety, and fostering collaborative partnerships across the system to facilitate continuous improvement.

In line with HIW's set priorities and objectives, a review of the assurance process across all healthcare sectors was conducted in 2024. As a result, organisational changes were made, including the establishment of senior leadership positions, such as Head of NHS Assurance and Head of Independent Healthcare Assurance. This led to a revision of the engagement processes with NHS Wales organisations, resulting in the development of a new engagement model to replace the previous Relationship Manager (RM) model. The new NHS Wales Engagement Process will be introduced in October 2025.

Rationale for change

Review of relationship manager model of engagement

Our review of the RM model of engagement identified several areas for improvement. Although a designated point of contact was established for Health Boards and Trusts liaising with HIW, the overall approach to engagement found some inconsistencies, which included:

- Frequency of meetings
- Variability in the content of agendas
- Intermittent review of Committee and Board papers
- Variable stakeholder engagement
- Variability in RM oversight of an organisation's governance processes
- Gaps in understanding how NHS organisations assure themselves of delivering safe and effective care.

To address these issues, we have introduced a new NHS Wales engagement process. This process will provide a standardised, team-based approach to engagement, supported by intelligence and will promote clear communication through an integrated model aligned with HIW's priorities, objectives, and values.

Team-based model for NHS engagement

We have implemented a team-based approach to the NHS engagement process and this is fundamental to:

- **Ensure consistency and continuity**
  Provide a reliable and consistent point of contact between Health Boards, NHS Trusts, and HIW. This enables timely and accurate information flow to the appropriate team, reducing dependency on individual staff members and ensuring continuity during staff transitions.

- **Strengthen collaborative relationships**
  Foster deeper, more effective partnerships with NHS Wales organisations. A team-based approach ensures that engagement is not only consistent across NHS Wales but also more responsive to the unique needs and contexts of each organisation.

- **Build organisational intelligence**
  Maintain a centralised, collective knowledge base within HIW about each NHS Wales organisation. This knowledge will be drawn from multiple sources, including:

  - Direct engagement with Health Boards and Trusts
  - Insights and intelligence from external stakeholders
  - Intelligence from Welsh Government

- National datasets and performance indicators.

- **Enable proactive assurance and planning**
  Through systematic analysis of acquired intelligence, HIW will:

  - Identify emerging trends and risks
  - Respond swiftly to issues requiring immediate attention
  - Inform and adapt assurance planning processes
  - Facilitate two-way sharing of critical information with Welsh Government and other stakeholders, thus enhancing transparency and accountability.

Overview of the new NHS engagement model

With the new NHS engagement model, the Head of NHS Assurance is supported by two clinical teams and HIW's intelligence team. Collectively, they lead a coordinated approach that prioritises not just the gathering of intelligence, but its systematic analysis. This enables HIW to identify themes, trends, and potential risks across the healthcare system in Wales.

Strategic discussions will be held regularly with key clinical leads and executives, ensuring that topics, such as patient safety, governance, and quality are always at the forefront. When concerns arise, the model establishes clear, timely escalation routes so that issues are addressed swiftly and collaboratively. Throughout, there will be a strong emphasis on transparency, partnership, and two-way communication with stakeholders, ensuring that assurance activities are both proactive and responsive to the evolving needs of NHS Wales.

Expectations for Health Boards and NHS Trusts

Strategic and routine engagement

HIW maintains clear expectations for engagement with NHS Wales organisations, whether through in-person visits or remote interactions.

Joint meetings

Health Board and NHS Trusts are expected to engage with HIW through structured meetings as requested. These meetings will vary across HIW's teams and will focus on HIW's intelligence regarding ongoing or emerging risks, findings and follow-up from HIW's assurance activity, governance and leadership, quality of care, fragility of services, and strategic planning.

Transparency and evidence sharing

Health Boards and NHS Trusts must provide HIW with timely, accurate, and comprehensive data to support all HIW assurance work. They must also provide relevant documentation to HIW when requested and by any set deadlines, respond to assurance requests for information and evidence and participate in thematic discussions as required.

Duty of Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 expands the duty on NHS bodies in relation to quality. Health Boards and NHS Trusts are required to engage with Healthcare Inspectorate Wales (HIW) to demonstrate their effectiveness, safety, and care experience improvements. In meeting their quality responsibilities, NHS bodies should consider the Health and Care Quality Standards 2023 when making healthcare service decisions. Organisations are also advised to incorporate HIW's findings into quality reporting and ensure consistency with the Health and Care Quality Standards in service delivery decisions.

Continuous improvement and learning

Engagement with HIW should foster a culture of continuous improvement, including acting on inspection findings, sharing learning across the system, and demonstrating leadership and accountability. NHS bodies are expected to apply quality management systems and use feedback for service improvements. Health Boards and NHS Trusts should also escalate concerns through agreed channels and contribute to resolution processes.

Co-production and stakeholder engagement

HIW expects Health Boards and NHS Trusts to demonstrate how stakeholder views, including those of patients and staff, inform service design and improvement. This co-production approach includes listening to lived experiences and feedback, ensuring

inclusive and bilingual communication, and maintaining a focus on equality, diversity and inclusion.

Authority to enter and inspect

When conducting assurance work, NHS Wales organisation must be aware and respect that HIW staff are authorised to:

- Enter and inspect premises
- Interview people
- Inspect, take copies of and remove documents or records
- Take measurements, photographs and make recordings
- Gain access to any computer and associated apparatus
- Take other action, in accordance with the following legislation:
    - Health and Social Care (Community Health and Standards) Act 2003
    - Care Standards Act 2000
    - Health and Safety at Work Act 1974.

Planned engagement meetings with HIW

The minimum required engagement meetings per year and key attendees are presented in **Table 1** below.

Table 1: Planned engagement meetings - attendees

HIW Team	Health Board or Trust staff	Frequency
• Chief Executive • Director of Assurance • Head of NHS Assurance	✓ Chief Executive ✓ Chair (joint meeting)	Six months
• Head of NHS Assurance	✓ Chief Operating Officer	Six months
	✓ Selected Independent Members	Six months
• Acute Clinical Team	✓ Director of Nursing ✓ Medical Director ✓ Director of Allied Health and Therapies (joint meeting)	Four months
• Mental Health (MH) & Learning Disabilities (LD) Clinical Team	✓ Directors of MH & LD ✓ Clinical Leads for MH & LD ✓ MHA Administrators (joint meeting)	Four months

Meetings will be scheduled for at least one hour, or longer if necessary.

Additional meetings can be requested by either HIW or NHS Wales organisations as appropriate.

All engagement meetings will be structured and documented, and agendas will be intelligence-led and shared in advance.

Meeting outcomes will be recorded and shared with the relevant Health Board or NHS Trust, across HIW teams, and with relevant stakeholders as appropriate.

Correspondence regarding inspections or reviews

HIW has faced challenges in coordinating recipients for inspection correspondence, including reports and letters, within NHS organisations. Challenges arise when staff transition into new roles or when organisations request access for multiple individuals, which may not align with HIW's established procedures. Such situations can lead to outdated contact lists, ambiguity regarding information recipients, and the risk of confidential materials being accessed by unauthorised parties. These factors have the potential to delay communication and complicate follow-up actions following inspections.

For consistency, HIW will send written assurance correspondence concerning inspections and reviews to designated recipients in each NHS organisation. The designated recipients are responsible for disseminating information to their appropriate internal teams. This also applies to assurance activities within Dental and GP practices. The designated recipients are listed in **Table 2**.

Table 2: Recipients of HIW assurance correspondence

- Chief executive
- Chair
- Executive Director of Nursing
- Executive Medical Director
- Executive Director of Therapies and Allied Health
- A nominated team mailbox (such as Governance / Patient Safety Teams)

For clarity, HIW will no longer be sending assurance (inspection or review) correspondence to other individuals, such as primary care and community leads for Dental or GP inspections, neither will the 'other individuals' receive invitations to HIW's secure sharing portal, Objective Connect. The above recipients will be responsible for sharing the relevant HIW documents with applicable organisation teams, and for uploading responses and evidence as appropriate, to the Objective Connect workspace.

It is pertinent to note that for any other correspondence, such as concerns or communications with HIW's Investigation Teams, and ad hoc inspection communications with HIW's Inspection Support team, we will communicate with other relevant individuals as appropriate.

Ongoing engagement with HIW

Communication with HIW staff will vary and will be dependent on the theme of the meeting or topic to be discussed. There will always be occasions when key staff within NHS organisations need to contact HIW and vice versa. This may be for general enquiries, discuss patient safety, care, or clinical issues, and non-clinical issues, such as service or organisational changes. In the first instance, **Table 3** highlights which team in HIW should be contacted, however, where appropriate your email may be directed to a different team to manage. Guidance on how to contact HIW is highlighted in Table 3 below.

Table 3: Guidance on contacting - key HIW teams

Example of Enquiry/ Notification:	Example of engagement need:	Who to contact:
General Enquiries.	Unsure of who to contact at HIW. Obtain team contact details. Query about HIW processes. Logging concerns prior to escalation to the Investigation Team. Raise concerns about HIW.	**HIW First Point of Contact (FPOC)** **Email:** HIW@gov.wales **Tel:** 0300 062 8163 **Link to:** Contact us **Link to:** Learning and Insight page
Enquiries about a planned inspection or following an unannounced inspection.	Query about an upcoming HIW inspection. Query following completion of inspection. Query about accessing the Objective Connect Workspace.	**Inspection Support Team** **Email:** HIW.Inspections@gov.wales **Tel:** 0300 062 8163 **Link to:** Inspecting NHS Services
Review Service for Mental Health.	Use of the Mental Health Act and the interests of people whose rights are restricted under that Act. Requests for, and engagement about HIW's Second Opinion Appointed Doctor (SOAD) Service.	**Second Opinion Appointed Doctor (SOAD) Service** **Email:** HIW.RSMH@gov.wales **Tel:** 0300 062 8163 **Link to:** SOAD documents

Discuss clinical or patient quality and safety issues.	Clinical and/or patient quality and safety discussions.	**Acute Clinical Team** **Email:** HIW.AcuteClinical@gov.wales **Mental Health & Learning Disability Team** **Email** HIW.MentalHealth.Clinical@gov.wales **Tel:** 0300 062 8163
Non-clinical issues. Service or key organisational issues. Internal investigation report findings. Early warning of high-profile media reports.	Discuss urgent or planned operational issues, such as those impacting service delivery. Urgent notice about damage/ issues with the estate. Discuss key findings about internal investigations or reviews, such as culture, behavior and values reviews. An incident has occurred which will likely attract media attention, therefore provide an early notice to HIW.	**Head of NHS Assurance** **Email:** HIW-NHSassurance@gov.wales **Tel:** 0300 062 8163
Death in Custody (DIC) clinical review process.	Query about DIC clinical review process. Submission of key DIC documents, reports, improvement plans to support the review. Query about and ongoing or previous DIC clinical review.	**NHS Assurance Team** **Email:** HIW-NHSassurance@gov.wales **Tel:** 0300 062 8163 **Link to:** Death in Custody
Discuss a new or existing HIW concern case. Provide IR(ME)R incident notification.	Report a new concern. Enquire about an ongoing patient/ public concern. Whistleblowing concern. Submit an IR(ME)R notification.	**Investigations Team** **Email:** HIW.Concerns@gov.wales **Tel:** 0300 062 8163 **Link to:** Complaints about us (HIW) **Link to:** Whistleblowing **Link to:** Notifying IR(ME)R Incidents
Discuss escalation and enforcement process. Discuss Service of Concern (SOC) process.	Enquiry about HIW's escalation and enforcement process. Seek clarity about HIW's SOC process.	**Esacalation & Enforcement Team** **Email:** HIW.Enforcement@gov.wales **Tel:**

Discuss existing/ active NHS Wales escalation case.	Discuss the organisation's designation as a SRSI. Submit information relating to HIW's SOC process or in line with the requirements as a SRSI.	0300 062 8163 **Link to:** Escalation page
Query about the registration of a service, such as dental practice.	Query regarding the registration status of a Dental Practice within a health board's locality	**Registrations Team** **Email:** HIW.Registration@gov.wales **Tel:** 0300 062 8163 **Link to:** Registration Queries
Discuss HIW's communication, publication, media and social media processes.	Discuss HIW's website or social media content Engagement between Communication teams in NHS Wales organisations and HIW.	**Strategy & Communication Team** **Email:** HIW.comms@gov.wales **Tel:** 0300 062 8163 **Link to:** Publication schedule **Link to:** Keep up to date (Bulletins) **Link to:** Social media page

Appendices

Appendix 1: Key changes from Relationship Manager (RM) engagement model

There are several key changes with the implementation of the new NHS Wales Engagement Model which include:

- The former RM role has been discontinued and superseded by an enhanced process designed to strengthen HIW's engagement with Health Boards and NHS Trusts
- The distribution list for HIW assurance correspondence within NHS Wales organisations has been revised to facilitate greater consistency and minimize errors
- Oversight of the NHS Engagement Process has transitioned to the Head of NHS Assurance, supported by two clinical teams and the intelligence team
- HIW clinical teams will conduct regular engagement meetings with executive leaders and key clinical leads, focusing on clinical themes, patient safety, governance, and quality
- The Head of NHS Assurance will hold planned non-clinical engagement meetings with Chief Operating Officers and Independent Members of the Board to discuss operational challenges, and where appropriate key findings from inspection
- The Partnerships Team will hold routine engagement meetings with external stakeholders, such as Llais, Audit Wales, Internal Audit, Royal Colleges, and representatives from NHS Performance and Improvement
- Escalation procedures within HIW have been further clarified and centrally coordinated.

Appendix 2: Sharing and use of information

HIW has several information sharing agreements with other organisations that we work closely with. These agreements set out the rationale for information sharing to assist the organisations in meeting their common statutory objectives and to focus on respective activities. They support the development of work programmes which are complementary, ensuring that there are clear processes in place for sharing information, risks, and concerns.

Where there are potential risks to public, patient or staff safety, HIW will share information with relevant authorities/organisations, such as the police, local authority safeguarding boards, and Health and Safety Executive. You can access the information sharing agreements on our website: **HIW's Memoranda of Understanding with other Organisations**.

All engagement activities and outcomes will be stored securely in HIW's secure electronic systems (known as Pwls and iShare). Evidence and intelligence will be used to inform strategic decisions, identify risks, and support continuous improvement across NHS Wales and the IHC sector.

General Data Protection Regulation (GDPR)

Under GDPR, we have a legal duty to protect any personal information we collect from you. We use leading technologies and encryption software to safeguard your data and keep strict security standards to prevent any unauthorised access to it.

Please see our website for further information on our **privacy policy**.

Appendix 3: Role of HIW teams within NHS Wales engagement

Some teams within HIW may not directly participate in the NHS Wales Engagement Process but will support HIW's relevant teams as appropriate.

Partnership, Intelligence and Methodology (PIM) Branch

The PIM Branch is made up of three teams: Partnership, Intelligence and Methodology. The branch supports HIW by gathering intelligence, assessing risks, developing inspection methodologies, and working with partners to help influence improvement across healthcare services. The branch ensures inspections are targeted and effective, helps manage concerns, and drives system-wide improvements through strategic analysis and collaboration.

Partnerships Team

The Partnerships Team maintains relationships and engagements with external stakeholders and manages HIW's Memoranda of Understanding with other Organisations.

This team also facilitates the bi-annual national Healthcare Summit, to share insights into the quality and safety of healthcare services provided by NHS Wales. Additional details regarding the Summit's purpose, and the participating organisations are available on our **website**.

The role of partnerships within the NHS Engagement Process is key in forging and maintaining strategic relationships between stakeholders to gain NHS assurance. Depending on the stakeholder, the 'purpose' of engagement may change, ranging from intelligence sharing and horizon scanning, to triangulating views on key NHS Wales issues, such as thematic risks or those within individual settings.

The team has developed a stakeholder map to maintain regular engagement, which includes organisations, such as Audit Wales, Llais, and NHS Wales Performance & Improvement. In addition, the team will attend key meetings across Welsh Government, Care Inspectorate Wales (CIW) and Estyn, to gather wider intelligence. The information obtained through these relationships and engagement opportunities will feed into HIW's Weekly Intelligence Group and will help inform proposals to undertake joint assurance work.

Intelligence Team

The Intelligence Team collects and analyses data from inspections, reviews, public feedback, and several external sources to identify risks and trends in healthcare services. The intelligence is used to inform HIW's Strategic Planning Board (SPB) and Risk and Escalation Committee (REC) and Senior Leadership Team (SLT), helping to plan or adjust

inspection priorities and respond to emerging issues. The team maintains dashboards and designs reports to help HIW's SLT to monitor performance and identify areas of concern.

The team also provides inspectors and reviewers with relevant intelligence to guide their work and ensure it is targeted and effective, and develops, analyses, and reports on surveys used during inspections and reviews. Additionally, the team drives transparency and improvement, by supporting HIW's Service of Concern process, enabling rapid action where standards of care are not me.

Intelligence is used to ensure HIW's assurance programme of work focuses on settings where patients are most at risk of not receiving optimal care. The team interprets a wide range of intelligence to make effective and appropriate decisions about how HIW utilises resources. To achieve this, systems and processes are in place to ensure decisions are consistent and based on evidence.

Key information feeds into the intelligence team through various sources (both internally and externally), and this is discussed in HIW's Weekly Intelligence Meetings. The collated information is presented to HIW's key teams, and to SPB and REC, to inform and reprioritise HIW's assurance work as appropriate.

The team also produces a briefing paper to help inform engagement discussions with Health Boards and NHS Trust clinical leads. The brief may include key findings, such as details of the Board, Quality and Safety Committee or Mental Health Legislation Committee meetings, Joint Executive Team meeting papers, or details from Integrated Medium-Term Plans, and data obtained through Welsh Government or nationally.

Methodology Team

The Methodology Team ensures that HIW's inspections, reviews, or investigations are carried out consistently, fairly, and effectively, using robust, evidence-based approaches, and considers the Health and Care Quality Standards 2023 and other regulations and legislation. The team designs and maintains standardised methodologies for assurance work, ensuring consistency and transparency across all HIW activities. Methodologies are also adapted to different healthcare sectors and specialties, considering unique risks and operational contexts, and when applicable, are bespoke to reviews work.

The team adapts to emerging risks and refines methodologies to respond to new challenges, enabling rapid and supportive advice for service improvement. In addition, the team ensures staff are trained in applying methodologies correctly and consistently, promoting continuous improvement in inspection practices.

For transparency, upon request, methodologies are available to healthcare services, and the team ensures they are accessible to stakeholders, reinforcing public trust in HIW's work.

The Methodology Team does not have a direct role in the NHS Engagement Process but may contact organisations if required.

Clinical Branch

The Clinical Branch is made up of two teams: Acute Clinical Team (ACT) and Mental Health and Learning Disabilities Team (MHLDT). The teams play a key role in ensuring that healthcare services across Wales meet high standards of safety, effectiveness, and person-centered care. They have a clinical oversight of HIW's work and provide clinical advice to inspectors and all teams across HIW where necessary. They also contribute to HIW's judgment, particularly in relation to patient safety, clinical governance, and the quality of care. In addition, they help interpret and apply the Duty of Quality in real-world settings.

Acute Clinical Team (ACT)

The ACT has a focus on all clinical settings within NHS Wales and the IHC sector, but excluding Mental Health and Learning Disability Services, which is the focus of the MHLDT.

Mental Health/ Learning Disabilities Team (MHLDT)

The remit of the MHLDT includes Mental Health and Learning Disability Services within both the NHS Wales and IHC sectors. The team focuses on clinical safety, legal compliance with the Mental Health Act (1983) and ensure that care is delivered in accordance with the **Code of Practice for Wales (2016)**.

- **NHS engagement meetings**
  The clinical teams lead on engagement with executive and/or senior clinical leads or managers in NHS Wales organisations. This is key in not only gaining assurance on how Health Boards and NHS Trusts gain their own assurance, but also in intelligence sharing, horizon scanning and gaining assurance on emerging risks and themes. During engagement meetings, there will also be an emphasis on quality, information sharing, early warning & escalation to identify potential problems using intel streams.

  The engagement meetings will provide an informal opportunity to share soft and hard intelligence and will offer a useful way to triangulate and corroborate information HIW is aware of, or to learn new information which may be relevant, and to identify new areas of risk which will be considered during HIW assurance activity. HIW's Intelligence Team will provide a briefing paper to the clinical teams prior to the planned engagement meetings.

The Review Service for Mental Health (RSMH) Team

The RSMH Team is part of HIW's broader assurance role to monitor compliance with the Mental Health Act and ensure high standards of care.

A crucial role within this team is the Second Opinion Appointed Doctor (SOAD) service. The team plays a pivotal role in safeguarding the rights of patients who are subject to the Mental Health Act 1983. When a patient is detained or liable to be detained under the Mental Health Act and refuses treatment (or lacks capacity to consent to treatment), a SOAD is appointed to review whether the proposed treatment is appropriate. This ensures that treatment decisions are not solely made by the treating clinician, adding a layer of independent oversight.

The SOAD process is designed to protect vulnerable individuals by ensuring that their treatment is lawful, ethical, and clinically justified. Therefore, SOADs are required to authorise specific treatments, such as medication beyond three months or Electroconvulsive Therapy (ECT), under sections 57, 58, and 62 of the Mental Health Act 1983.

Regulation and Escalation Branch

The Regulation and Escalation Branch is made up of three teams: Registration Team, Escalation and Enforcement Team and Investigations Team. The branch has a critical role in ensuring that independent healthcare services in Wales are safe, compliant, and meet regulatory standards. Additional it manages HIW's **Service of Concern (SOC) process for NHS Bodies in Wales.**

Registration Team

HIW is responsible for registering healthcare providers and managers of independent healthcare services in Wales, under the Care Standards Act 2000 and associated regulations. This includes Independent Hospitals, Clinics and Medical Agencies, and Private Dental Practices where providers offer private dental services outside of the NHS Framework. The Registration Team assesses whether a service requires registration and ensures that providers meet the National Minimum Standards before granting registration.

Enforcement & Escalation Team

The Enforcement and Escalation Team leads formal escalation processes, such as HIW's SOC process for NHS bodies in Wales. Additionally, when a registered service fails to meet its legal and regulatory obligations, HIW enforces compliance through structured processes appropriate within the Independent Healthcare (IHC) sector.

- **Escalation within NHS Wales**
  HIW prioritises action when standards are not met. To maintain transparency and public assurance about healthcare quality and safety, HIW uses a SOC process for NHS Wales bodies when it identifies significant service failures or systemic issues.

  This process allows HIW to identify and highlight 'Services Requiring Significant Improvement', thereby enhancing transparency regarding the discharge of its responsibilities. It ensures that targeted and timely actions are taken by relevant stakeholders, including Health Boards and Welsh Government, to maintain safe and effective care. Furthermore, this approach is designed to facilitate improvement and promote learning within an organisation's services and across NHS Wales.

  The SOC process and subsequent 'Service Requiring Significant Improvement' designation is distinct and separate to the NHS Wales Escalation and Intervention arrangements. However, this process will inform our view and help our contribution to the discussions on the overall status of NHS bodies in Wales.

Investigations Team

The team is integral to influencing and supporting patient safety and the quality of healthcare in Wales. It manages whistleblowers and public complaints, concerns, and statutory notifications, using this information to identify possible risks to patient safety or issues with standards of care.

- **Proactive intelligence sharing**
  The team helps HIW identify risks early by collecting intelligence from complaints, inspections, and statutory notifications.

- **Supporting escalation and intervention**
  Key intelligence is shared with HIW's Enforcement and Escalation Team in line with HIW's SOC process, and with the Director and Head of NHS Assurance to help inform tripartite discussions relating to NHS Escalation and Intervention Arrangements.

- **Embedding in engagement cycles**
  Investigation findings are integrated into routine engagement with NHS bodies, Llais, and other key stakeholders. This supports the call for continuous involvement and consultation in healthcare service delivery.

- **Driving improvement through insight**
  The team's investigations inform strategic improvement plans, helping HIW gain assurance that NHS organisations meet the Duty of Quality, and the Duty of

Candour under the Health and Social Services (Quality and Engagement) (Wales) Act 2020.

- **Collaborative working**
  The team works closely with HIW's Assurance Teams and Escalation and Enforcement, Intelligence, and Methodology teams, and with NHS bodies to ensure investigation findings are actionable and aligned with national priorities.

  The Investigations Team will directly engage with NHS Wales organisations as required, which is in addition to recipients of assurance correspondence.

Strategy and Communications Branch

The Strategy and Communications Branch is a cross-functional team responsible for strategic planning, policy analysis, communications, and engagement. The branch plays a pivotal role in shaping HIW's direction and ensuring its work is effectively communicated, understood.

- **Strategic responsibilities**
  Strategic planning includes the development of multi-year strategic plans, annual operational plans, and statutory publications such as the annual report. The branch reviews relevant national policy and legislation to assess their impact on healthcare services in Wales, producing internal briefings to support organisational planning and assurance activity. This work is aligned with national priorities, including the Well-being of Future Generations (Wales) Act and A Healthier Wales, and supports HIW's ability to respond to emerging risks and priorities.

- **Communications and engagement responsibilities**
  The branch leads HIW's communications and engagement activity, ensuring transparency in how findings, priorities, and impact are shared with stakeholders, including the public, NHS bodies, and independent healthcare providers. Communications promote improvement by highlighting good practice and lessons learned from inspections and reviews. The branch also manages HIW's website, social media channels, and press activity, ensuring messages are clear, accessible, and aligned with strategic objectives.

  Engagement is coordinated through a range of channels, including newsletters, consultation campaigns, and events, with the Stakeholder Advisory Group playing a key role in shaping inclusive approaches and informing HIW's work.

- **Cross-cutting functions**

Equality, diversity, and inclusion are embedded across all aspects of the branch's work, including the delivery of HIW's Equality, Diversity and Inclusion (EDI) Strategy. The team also provides internal advice and support on EDI, and for workforce development and wellbeing, empowering staff to fulfil strategic priorities with maximum effectiveness.

Business Management, Digital and Corporate Services Branch

The Business Management, Digital, and Corporate Services Branch is responsible for ensuring effective operational delivery across HIW. Responsibilities include finance, recruitment, First Point of Contact service, HR matters, governance, complaints, government business, inspection programme administration and purchasing and maintaining HIW's digital tools and equipment.

Within this branch sits the Inspection Support Team. This team provides administrative and logistical support to ensure HIW's inspection and regulatory activities run smoothly. This includes engaging with clinical peer reviewers and patient experience reviewers for HIW's assurance work, and with healthcare providers for both announced and following unannounced inspections. The team also manages HIW's secure Objective Connect workspaces to share and receive official sensitive documents.

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
HIW GGH IRMER Inspection (Nov 2022)	Healthcare Inspectorate Wales (HIW)/2022/19/MD15/2	15/11/2022	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	Overdue	On risk register- 1399
	Healthcare Inspectorate Wales (HIW)/2022/19/MD22/3	15/11/2022	The employer is required to provide an update on the action taken to ensure the employer's written procedure is adhered to by entitled referrers making a referral prior to exposures performed during surgical theatre cases.	CB to ensure all actions closed and evidence uploaded prior to closure of report	Operational Allied Health and Health Science	03/02/2025	Overdue	
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)	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/1	07/03/2023	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	a)Development of standards for physical health screening to be incorporated into Service Specifications.	Mental Health and Learning Disabilities	29/09/2023	Partially complete (Overdue)	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD6/1	07/03/2023	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)Coproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Mental Health and Learning Disabilities	29/09/2023	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD8/1	07/03/2023	The health board must ensure that all relevant staff complete training for timely and effective communication and information sharing relating to the patient discharge process.	h)Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	Mental Health and Learning Disabilities	31/10/2023	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/3	07/03/2023	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	p)Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	Mental Health and Learning Disabilities	30/11/2023	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD32/1	07/03/2023	The health board must consider undertaking a training needs analysis for inpatient and community mental health staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	u)Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	Mental Health and Learning Disabilities	30/11/2023	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD25/4	07/03/2023	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	q)Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	Mental Health and Learning Disabilities	31/12/2023	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/29/MD1/3	07/03/2023	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.	CB to ensure all actions closed and evidence uploaded prior to closure of report	Mental Health and Learning Disabilities	05/05/2025	Overdue	
HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	Healthcare Inspectorate Wales (HIW)/2023/69/MD13/1	16/10/2023	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 Tranquilisation against standards for physical health monitoring within the Health Boards Rapid Tranquilisation Policy.	Mental Health and Learning Disabilities	31/03/2024	Overdue	
	Healthcare Inspectorate Wales (HIW)/2023/69/MD1/4	16/10/2023	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	CB to ensure all actions closed and evidence uploaded prior to closure of report	Mental Health and Learning Disabilities	05/05/2025	Overdue	
HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	Healthcare Inspectorate Wales (HIW)/2024/86/MD4/1	31/01/2024	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	Overdue	1399 on risk register
HIW Children and Young People Mental Health Review	Healthcare Inspectorate Wales (HIW)/2024/396/MD32/1	05/02/2024	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	Partially complete (Overdue)	

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
Health Review	Healthcare Inspectorate Wales (HIW)/2024/396/MD35/1	05/02/2024	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	Partially complete (Overdue)	
HIW Glangwili Hospital – Morlais Ward inspection	Healthcare Inspectorate Wales (HIW)/2024/302/MD6/1	01/07/2024	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	Partially complete (Overdue)	
	Healthcare Inspectorate Wales (HIW)/2024/302/MD1/2	01/07/2024	The health board must ensure that the visitor's room is made a more welcoming environment.	CB to ensure all actions are completed and evidence uploaded prior to closure	Mental Health and Learning Disabilities	04/03/2025	Overdue	
Bryngolau Ward, Prince Philip Hospital	Healthcare Inspectorate Wales (HIW)/2024/395/MD2/2	02/09/2024	The health board must implement a structured programme of suitable and appropriate therapeutic activities to support patients' health, wellbeing and rehabilitation.	CB to confirm all actions closed and evidenced	Mental Health and Learning Disabilities	31/03/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2024/395/MD33/1	02/09/2024	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	Partially complete (Overdue)	
IRMER Regulations	Healthcare Inspectorate Wales (HIW)/2024/498/MD9/1	01/10/2024	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	Overdue	
	Healthcare Inspectorate Wales (HIW)/2024/498/MD9/2	01/10/2024	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.	CB to ensure all actions complete to allow for closure	Operational Allied Health and Health Science	30/06/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2024/498/MD2/1	01/10/2024	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	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD11/1	17/03/2025	There can also be delays in health assessments being completed for children involved in the child protection process. Whilst the health board has identified improvements to address these concerns, ongoing delays mean protective actions to address risk can be adversely impacted.	School Nursing service to put in place processes to monitor compliance with complying with health assessments requests within timescales.	Planned and Specialist Care	30/06/2025	Partially complete (Overdue)	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD5/1	17/03/2025	Training compliance is a concern, particularly for Level 3 safeguarding children training. Only 37% of medical and dental staff were compliant in December 2024. The provision of training is regularly available, but attendance levels are often low.	All services to put in place improvement plans to achieve 85% compliance across all professional groups with Level 3 training by 31st March 2026	Community & Integrated Medicine	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD5/2	17/03/2025	Training compliance is a concern, particularly for Level 3 safeguarding children training. Only 37% of medical and dental staff were compliant in December 2024. The provision of training is regularly available, but attendance levels are often low.	All services to put in place improvement plans to achieve 85% compliance across all professional groups with Level 3 training by 31st March 2026	Planned and Specialist Care	30/09/2025	Overdue	Adequate access to Level 3 training. To mitigate the risk, priority staff identified to access training.
	Healthcare Inspectorate Wales (HIW)/2025/587/MD5/3	17/03/2025	Training compliance is a concern, particularly for Level 3 safeguarding children training. Only 37% of medical and dental staff were compliant in December 2024. The provision of training is regularly available, but attendance levels are often low.	All services to put in place improvement plans to achieve 85% compliance across all professional groups with Level 3 training by 31st March 2026	Mental Health and Learning Disabilities	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD9/1	17/03/2025	Child protection supervision was not evident in the sample of files reviewed. There were inconsistences in record-keeping, with examples of minimal recordings and a lack of analysis.	Child safeguarding supervision via group, 1-1 and ad hoc supervision will promote child-centred practices and a shift from process-led safeguarding to person-centred practice that supports people to live safely and independently with attendees.	Nursing, Quality and Patient Experience	30/09/2025	Overdue	

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
Joint Inspection of Child Protection Arrangements (Pembrokeshire)	Healthcare Inspectorate Wales (HIW)/2025/587/MD12/1	17/03/2025	The reliance on CP medicals being completed by acute paediatricians in an out-of-county hospital, due to the lack of a service in Pembrokeshire, presents a long-standing and unresolved challenge to all agencies involved. The Health Board should consider how best to resolve theses issues to ensure a more timely and seamless service, both for agencies and for the children and families involved.	Work with Local Authority partners to agree an escalation process when health assessments are delayed.	Planned and Specialist Care	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD13/1	17/03/2025	The recording of ethnicity and language on the Health Board and police records is not consistent. Leaders should ensure accurate and clear record keeping of important demographic information.	Service Leads to incorporate into record keeping audits, evidence of important demographic information, e.g. ethnicity	Community & Integrated Medicine	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD13/2	17/03/2025	The recording of ethnicity and language on the Health Board and police records is not consistent. Leaders should ensure accurate and clear record keeping of important demographic information.	Incorporate evidence of genograms, chronologies and front sheets (WCCIS excepting) into Senior Nurse random HV and SN record keeping audit.	Planned and Specialist Care	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD14/1	17/03/2025	There was variability in the completion and quality of safeguarding documentation across services. This includes missing or incomplete genograms, chronologies, and front sheets.	Staff compliance of attendance at record keeping training to be scrutinised	Planned and Specialist Care	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD15/1	17/03/2025	Inter-agency communication requires improvement in many practice areas, for example between School Nurses and Social Workers. The absence of safeguarding records, including Care and Support Protection Plan (CASPP) and Core Group minutes, from health records is an indicator of disjointed communication.	Discussion related to ensuring CASPP and core group minutes are in a child's record to be discussed at team meetings and evidenced in minutes.	Nursing, Quality and Patient Experience	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/587/MD18/1	17/03/2025	Partners should ensure timely information sharing about emerging safeguarding themes and work together to disrupt and reduce such risks within the population and for individual children.	Prevention & emerging risks: HV and Midwifery to draft a Free Birth policy for consultation with regional multi-agency partners.	Nursing, Quality and Patient Experience	30/09/2025	Overdue	
HIW GGH Maternity Services 03924	Healthcare Inspectorate Wales (HIW)/2025/565/MD8/2	12/05/2025	The health board must provide evidence of an improvement in staff mandatory safeguarding training compliance within eight weeks of the inspection date to confirm that action has been taken to improve compliance.	The Maternity Monthly Newsletter to be updated with all relevant information on accessing safeguarding training.	Planned and Specialist Care	20/08/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/565/MD11/1	12/05/2025	The health board must ensure that staff can access up-to-date guidelines and policies on WISDOM, including the dates they are due to be reviewed.	The Risk and Governance Newsletter will include a reminder to all staff that in the first instance guidelines and policies should be accessed via the Health Board intranet page as there is greater governance around this.	Planned and Specialist Care	12/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/565/MD8/3	12/05/2025	The health board must provide evidence of an improvement in staff mandatory safeguarding training compliance within eight weeks of the inspection date to confirm that action has been taken to improve compliance.	Monitoring of compliance will be reviewed on a monthly basis across the service by the senior midwifery team, this will ensure a consistently increasing trajectory of compliance	Planned and Specialist Care	20/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/565/MD3/2	12/05/2025	The health board must ensure that all handovers are conducted using the SBAR format, and that service users' history and clinical risk is recorded on the patient information board and documented in the appropriate area within the clinical notes.	The Maternity Risk and Governance Newsletter to reiterate the importance of ensuring a holistic approach to handovers which is inclusive of relevant history and prudent to ensure efficient, timely and safe handover of care	Planned and Specialist Care	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD3/5	05/08/2025	Provide clear guidance and additional training to staff to ensure their understanding of the risks associated with temperature deviations, and the appropriate action to take in such circumstances.	Communicate to wider site within Professional Nurse forum (PNF), Medication Scrutiny and Assurance meeting.	Community & Integrated Medicine	28/08/2025	Partially complete (Overdue)	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD3/4	05/08/2025	Provide clear guidance and additional training to staff to ensure their understanding of the risks associated with temperature deviations, and the appropriate action to take in such circumstances.	Review training attendance and requirements of staff for Medication Safety & e-learning module.	Community & Integrated Medicine	01/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD1/2	05/08/2025	Ensure that ambient clinic room temperatures are monitored and recorded daily.	Awaiting costing for air-con for clinical room.	Community & Integrated Medicine	15/09/2025	Overdue	

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
Mynydd Mawr Ward, Prince Philip Hospital 03921	Healthcare Inspectorate Wales (HIW)/2025/595/MD3/6	05/08/2025	Provide clear guidance and additional training to staff to ensure their understanding of the risks associated with temperature deviations, and the appropriate action to take in such circumstances.	Further sharing and dissemination of learning within wider Health Board forum – Community & Integrated Medicine Clinical Care Group, Integrated Governance Group (Quality, Health & Safety); Senior Nurse Management Team (SNMT), and Medication Events Review Group (MERG).	Community & Integrated Medicine	19/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD2/2	05/08/2025	Implement robust measures to maintain clinic room temperatures within recommended guidelines for safe medication storage.	The monitoring chart link requires to be embedded within the medicine policy for ease of access. This action has been requested and is underway.	Community & Integrated Medicine	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD3/2	05/08/2025	Provide clear guidance and additional training to staff to ensure their understanding of the risks associated with temperature deviations, and the appropriate action to take in such circumstances.	Review the Medication Safety Study Day content – presentation to be updated to include medication storage and room temperature monitoring requirements.	Community & Integrated Medicine	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/595/MD3/3	05/08/2025	Provide clear guidance and additional training to staff to ensure their understanding of the risks associated with temperature deviations, and the appropriate action to take in such circumstances.	Review Medicines Administration, Recording, Review, Storage & Disposal e-learning module content.	Community & Integrated Medicine	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD2/1	02/09/2025	The health board must ensure that daily checks of the emergency resuscitation trolley are completed and documented daily.	To remind all ward clinical staff that they must perform and document daily checks of the emergency resuscitation trolley in line with the resuscitation policy. This includes verifying the presence and expiry dates of emergency equipment and medications, and ensuring the trolley is clean, secure, and ready for use.	Community & Integrated Medicine	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD4/1	02/09/2025	The health board must ensure that multi patient use items such as BP cuffs, are appropriately decontaminated between use and that clean equipment is correctly labelled.	To remind all ward clinical staff of the requirement to decontaminate reusable equipment between each patient use, in line with the decontamination policy. This includes the use of approved cleaning products and adherence to IPC standards (including hand hygiene). The guidance will be reinforced during scheduled team meetings, with attendance recorded and key messages circulated within 3 working days.	Community & Integrated Medicine	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD4/5	02/09/2025	The health board must ensure that multi patient use items such as BP cuffs, are appropriately decontaminated between use and that clean equipment is correctly labelled.	To ensure that decontamination wipes are routinely stocked and visibly available in all observation trolleys across clinical areas.	Community & Integrated Medicine	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD5/2	02/09/2025	The health board must ensure that oxygen tubing and face masks are easily accessible for all bed areas on the ward.	To ensure oxygen delivery equipment including availability and readiness for use is included in daily ward checks. Any missing or damaged items to be reported or replaced promptly.	Community & Integrated Medicine	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD5/4	02/09/2025	The health board must ensure that oxygen tubing and face masks are easily accessible for all bed areas on the ward.	To remind staff the importance of ensuring emergency and routine oxygen equipment is always accessible, as per resuscitation policy. This will be reinforced through staff meetings.	Community & Integrated Medicine	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD6/2	02/09/2025	The health board must ensure wall suction units are fully operational	To ensure a check of the suction delivery units (availability and readiness) in daily ward checks. Any missing or damaged items are reported or replaced promptly.	Carmarthenshire Integrated System	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD6/4	02/09/2025	The health board must ensure wall suction units are fully operational	Staff to be reminded of the importance of ensuring bedside suction is always adequate and accessible. This will be reinforced through staff meetings.	Carmarthenshire Integrated System	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD7/1	02/09/2025	The health board must ensure that patient records are stored securely at all times.	To remind all ward staff of the requirement to store patient records in locked notes trollies as per Record Keeping policy. This will be reinforced through staff meetings.	Carmarthenshire Integrated System	15/09/2025	Overdue	

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
	Healthcare Inspectorate Wales (HIW)/2025/628/MD8/1	02/09/2025	The health board must ensure that all staff have received training and complete patient risk assessments appropriately and take the relevant action in line with local or national guidance, and document this in patient records. This includes: •Taking appropriate action when NEWS scores are 3 or above •Completing and documenting Sepsis Screening for those at risk of sepsis, such as a NEWS score of 5 or above •Completing and documenting VTE risk assessments on admission and thereafter in line with local and national guidance.	To remind all ward clinical staff of their responsibility to document all risk assessments and associated actions in the patient record, in line with the Monitoring, Recording of Adult Physiological Observations and Response to Physical Deterioration Policy. This includes initial assessments, reassessments, and any interventions taken. The requirement will be reinforced through staff meetings and mandatory training sessions, with attendance recorded and compliance monitored through monthly documentation audits by the Senior Ward Manager.	Carmarthenshire Integrated System	15/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD8/4	02/09/2025	The health board must ensure that all staff have received training and complete patient risk assessments appropriately and take the relevant action in line with local or national guidance, and document this in patient records. This includes: •Taking appropriate action when NEWS scores are 3 or above •Completing and documenting Sepsis Screening for those at risk of sepsis, such as a NEWS score of 5 or above •Completing and documenting VTE risk assessments on admission and thereafter in line with local and national guidance.	To arrange additional training to support the early recognition of a deteriorating patient.	Carmarthenshire Integrated System	15/09/2025	Overdue	
HIW Derwen Ward 04054	Healthcare Inspectorate Wales (HIW)/2025/628/MD9/3	02/09/2025	The health board must ensure that all the findings in this immediate improvement plan are not systemic across all other wards within the hospital and the wider health board.	To share the immediate actions findings at other forums such as the: 1.Community and Integrated Medicine Clinical Care Group Integrated Governance Meeting	Carmarthenshire Integrated System	18/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD9/4	02/09/2025	The health board must ensure that all the findings in this immediate improvement plan are not systemic across all other wards within the hospital and the wider health board.	To share the immediate actions findings at other forums such as the: 2.Senior Nurse Management Team	Carmarthenshire Integrated System	22/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD9/5	02/09/2025	The health board must ensure that all the findings in this immediate improvement plan are not systemic across all other wards within the hospital and the wider health board.	To share the immediate actions findings at other forums such as the: Integrated Quality, Finance, Performance and Delivery Group	Carmarthenshire Integrated System	24/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD1/8	02/09/2025	The health board must ensure that checks of the drug refrigerator in the clinical room are monitored and recorded daily.	To further sharing and dissemination of learning within wider Health Board forum: 3.Medication Events Review Group (MERG).	Carmarthenshire Integrated System	26/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD1/1	02/09/2025	The health board must ensure that checks of the drug refrigerator in the clinical room are monitored and recorded daily.	To remind all ward clinical staff of the requirement to consistently record the date and temperature reading in the dedicated logbook located in the clinical room, confirming completion of daily temperature checks.	Carmarthenshire Integrated System	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD3/2	02/09/2025	The health board must ensure that sufficient domestic staff are available to clean the ward to maintain appropriate infection prevention and control (IPC)	Synbiotix audits to be aligned with the existing improvement plan including a review of the audit criteria to ensure they reflect current priorities and actions outlined in the plan.	Carmarthenshire Integrated System	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD8/6	02/09/2025	The health board must ensure that all staff have received training and complete patient risk assessments appropriately and take the relevant action in line with local or national guidance, and document this in patient records. This includes: •Taking appropriate action when NEWS scores are 3 or above •Completing and documenting Sepsis Screening for those at risk of sepsis, such as a NEWS score of 5 or above •Completing and documenting VTE risk assessments on admission and thereafter in line with local and national guidance.	To reinforce to medical staff the requirement to complete and document the VTE Risk Assessment.	Carmarthenshire Integrated System	30/09/2025	Overdue	

Inspection Title	Reference Number	Inspection Date	Recommendation	Action	Clinical Care Group	Original Due Date	Progress Status	Risks
	Healthcare Inspectorate Wales (HIW)/2025/628/MD8/7	02/09/2025	The health board must ensure that all staff have received training and complete patient risk assessments appropriately and take the relevant action in line with local or national guidance, and document this in patient records. This includes: • Taking appropriate action when NEWS scores are 3 or above • Completing and documenting Sepsis Screening for those at risk of sepsis, such as a NEWS score of 5 or above • Completing and documenting VTE risk assessments on admission and thereafter in line with local and national guidance.	To promote the Hospital Acquired Thrombosis SharePoint page which is available with current resources and information.	Carmarthenshire Integrated System	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD8/9	02/09/2025	The health board must ensure that all staff have received training and complete patient risk assessments appropriately and take the relevant action in line with local or national guidance, and document this in patient records. This includes: • Taking appropriate action when NEWS scores are 3 or above • Completing and documenting Sepsis Screening for those at risk of sepsis, such as a NEWS score of 5 or above • Completing and documenting VTE risk assessments on admission and thereafter in line with local and national guidance.	To review of VTE risk assessment compliance findings to be discussed within the Carmarthenshire System Quality and Safety Governance meeting (feeding into our Clinical Care Group)	Carmarthenshire Integrated System	30/09/2025	Overdue	
	Healthcare Inspectorate Wales (HIW)/2025/628/MD1/6	02/09/2025	The health board must ensure that checks of the drug refrigerator in the clinical room are monitored and recorded daily.	To further sharing and dissemination of learning within wider Health Board forum: 1. Community & Integrated Medicine Clinical Care Group Integrated Governance Group (Quality, Health & Safety);	Carmarthenshire Integrated System	31/10/2025	Overdue	