



**Agenda Item**

8.2.8

**Quality, Safety & Experience Committee**

**HEALTHCARE INSPECTORATE WALES IMPROVEMENT PLAN  
TRACKER REPORT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	18 November 2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Claire Brown- Head of Quality Assurance and Compliance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Richard Hughes - Executive Nurse Director
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Richard Hughes - Executive Nurse Director

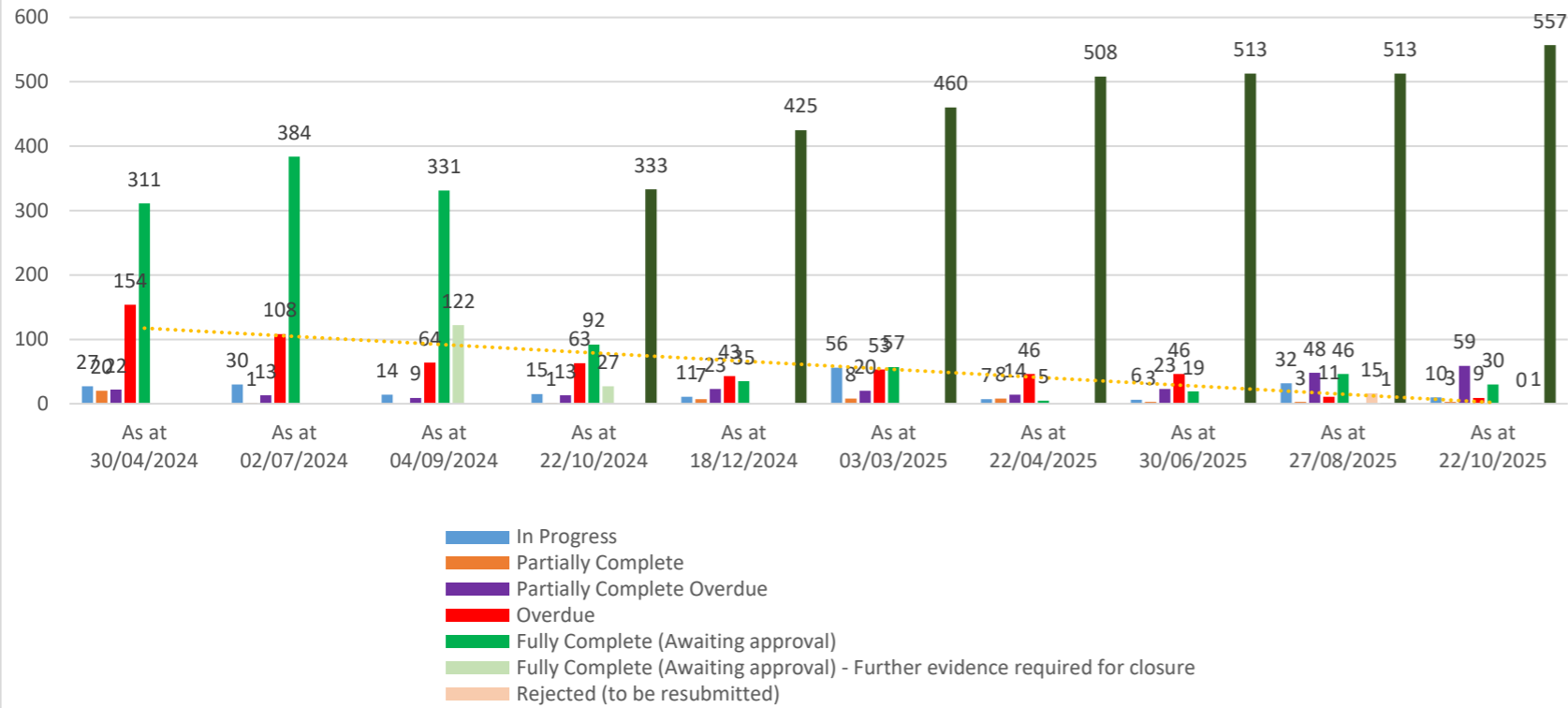
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Leadership Group	3 November 2025	

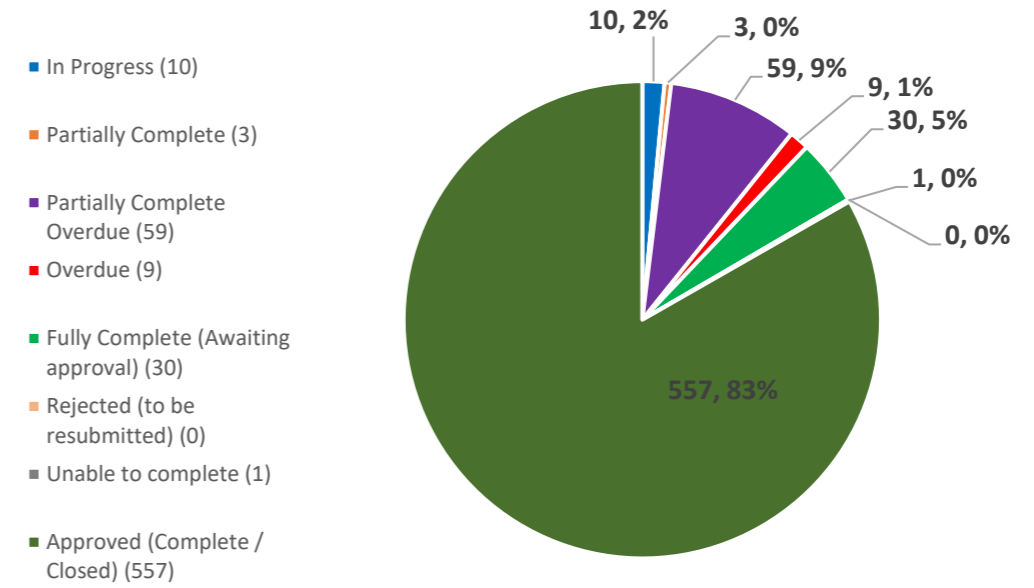
<b>Acronyms / Glossary of Terms</b>	
HIW	Healthcare Inspectorate Wales
AMaT	Audit Management and Tracking

## Compliance Dashboard

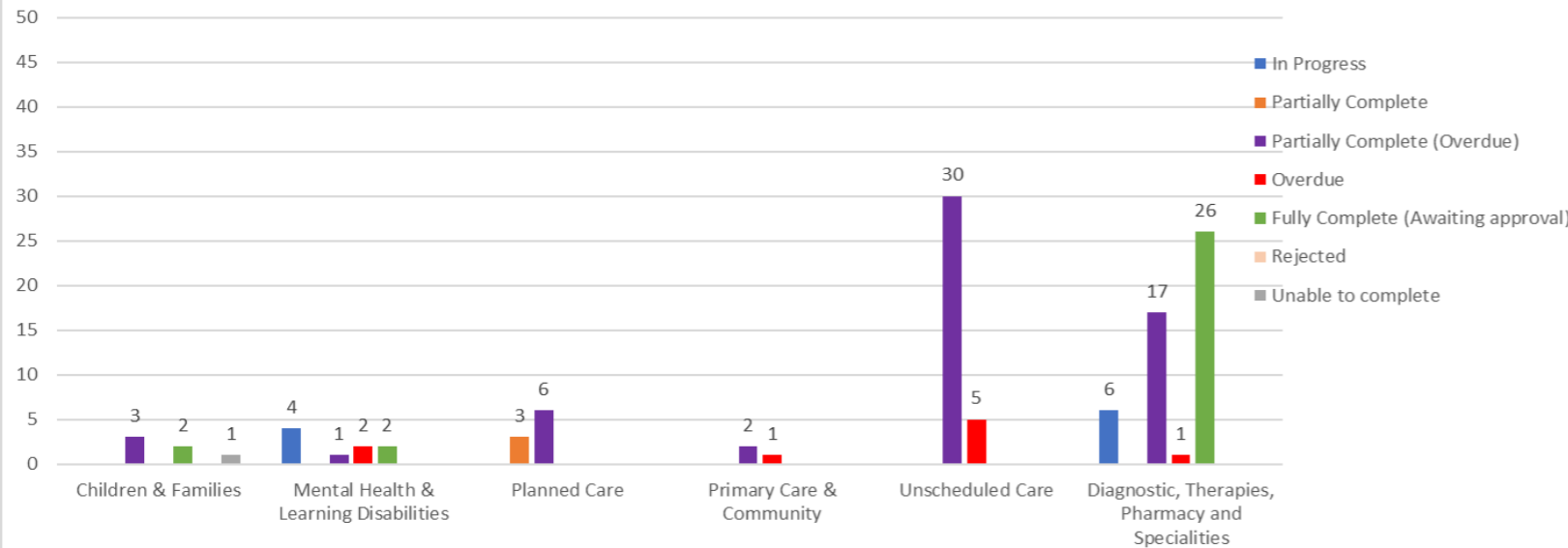
Healthcare Inspectorate Wales (HIW) AMaT Inspection Recommendation Actions  
Progress Monitoring / Change in Status this period as at 22/10/2025



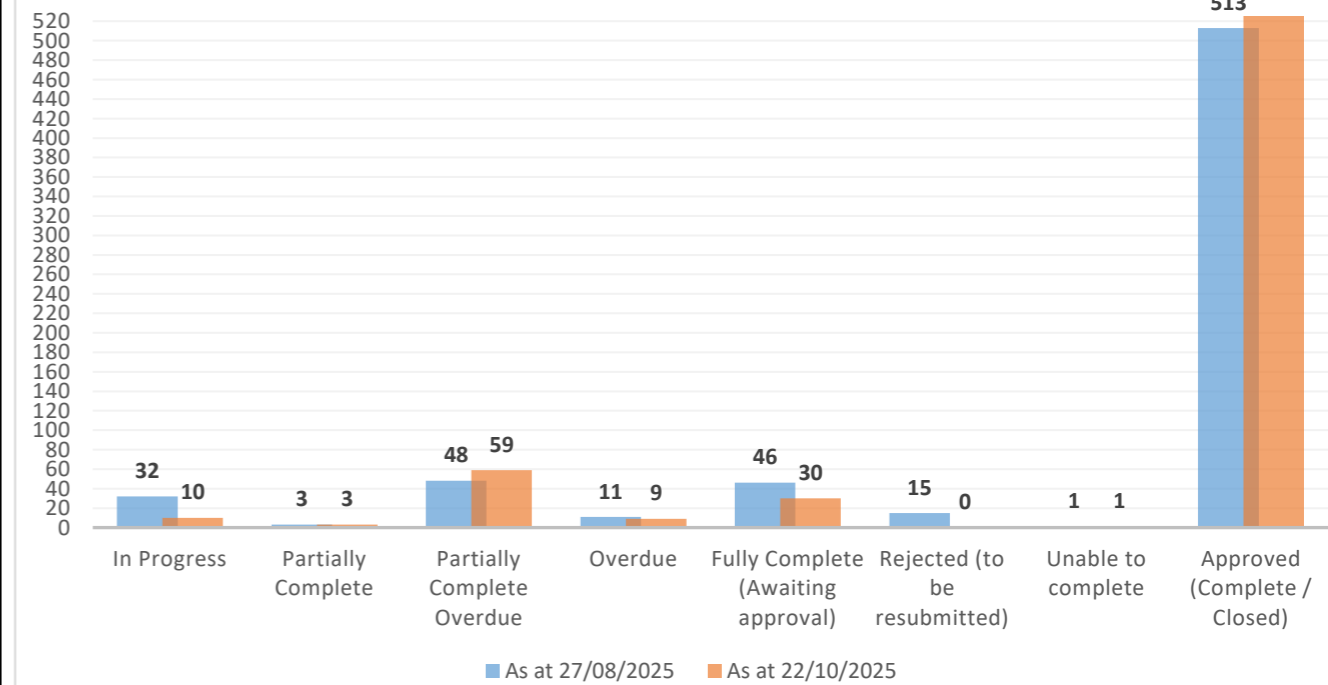
Healthcare Inspectorate Wales (HIW) AMaT Inspection Recommendation Actions  
as at 22/10/2025



Healthcare Inspectorate Wales (HIW) AMaT Inspection Recommendation Actions by Care Group as at 22/10/2025  
(excluding Approved / Closed Actions)



Healthcare Inspectorate Wales (HIW) AMaT Inspection Recommendation Actions  
Progress Monitoring/Change in Status this period as at 22/10/2025



## 1. Situation /Background

- 1.1 The purpose of this report is to update the Quality, Safety & Experience Committee on progress against the open actions held on the Healthcare Inspectorate Wales (HIW) tracker (Appendix 1) of the accepted Improvement Plan(s) submitted to HIW following their Inspection(s) across the organisation for the timeframe from 27<sup>th</sup> August to 22<sup>nd</sup> October 2025.
- 1.2 This report has captured a sporadic pattern of improvement in the updates recorded with good engagement across some care groups to close down long-standing actions, however further input from some Care Groups is required to continue to update and close actions that are overdue.

## 2. Specific Matters for Consideration

- 2.1 As mentioned in previous reports, HIW inspection activity is captured via the AMaT system and therefore continues to be live. Therefore, Members will note some changes and progress on the actions which remain as open as they transition to closed/completed actions throughout this and future reports.
- 2.2 The Quality Assurance and Compliance team continue to work with system developers and other Health Boards in Wales to improve the tracking and management system in terms of the inspection module. The team are also liaising with other NHS England trusts to share good practice and any work arounds for the system. The team continue to raise new queries and requests in order to improve upon the effectiveness of compliance requirements within the inspection module.
- 2.3 Care Groups are responsible for providing regular updates on the improvement plans within their care group portfolios in order that the tracker can remain live and up to date ensuring all actions are completed in a timely manner. Reminders are sent out in advance via AMaT of reporting deadlines to encourage and request further updates from Care Groups. Further engagement continues with Executive Nurse Directors in order to gain momentum in the regular updating of actions by Care Groups.
- 2.4 Following on from the last report the Quality and Assurance team were able to increase engagement across some Care Groups which has shown an improved response rate in some inspection actions. The Quality and Assurance Team will continue to focus a targeted approach to those Care Groups who are less consistent in providing updates.

2.5 A breakdown of the status position with regards to all actions up to the 22<sup>nd</sup> October 2025 is detailed below. Please note that this also includes actions that were reported on in the July report but were not presented or discussed at the July meeting of the Committee.

- A total of **669 actions** are reported with a further breakdown of the stages towards compliance reported in *table 1* located in the dashboard at the beginning of this report.
- **2** Inspections were 'fully complete, approved and closed' with a further **30** actions 'fully complete and awaiting approval'.

### 3. New Inspections / Actions

- There were **0** new Improvement Plans and **0** actions added for this period.

3.1 Please note that Death in Custody reports and data are no longer included in this data as they are outside the scope of this process and have other monitoring and reporting arrangements in place.

### 4. Key Risks / Matters for Escalation

4.1 The HIW actions tracker will continue to be updated with a targeted focus on actions where the action agreed due by date has passed or no update has been received. As described previously, where updates have not been received more than twice this has been flagged on the tracker. Care Groups are reminded that the system is a live system and will store any input until the data is collected. Therefore, regular and consistent updates are encouraged throughout each period to ensure updates are captured for each report.

4.2 The Head of Quality Assurance and Compliance and Assistant Director of Governance and Risk continue to actively offer support to Care Groups via targeted sessions at the appropriate forums, with the aim of improving both the regularity of updates and also the quality of updates provided. There has been some engagement in this activity and the team would encourage further engagement from Care Groups to work through overdue and partially complete actions.

4.3 Ongoing AMaT system developments and requests are continuing in order to deliver a system and process that is required for improved quality assurance and compliance. The system continues to necessitate a manual element in reporting and analysing of data for the purpose of the inspections module.



4.4 Due to strict reporting deadlines, any updates to actions received after the prescribed deadline for submission are noted by the Quality and Assurance Team and will be included as part of the next report.

## 5. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies, please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies, please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-acten.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies, please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Whole-systems Perspective
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Effective
	If more than one applies, please list below: Efficient, Equitable, Safe, Timely
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: N.A



<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / <b>Equality</b> Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N.A
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) / <b>Resource Impact</b></i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 6. Recommendation

5.1 The Quality, Safety & Experience Committee are asked to **NOTE** the contents of this report and the activity underway to progress the actions outstanding and ongoing within the improvement plans across the Health Board following HIW Inspections.

## 7. Next Steps

6.1 The Head of Quality Assurance and Compliance will continue to work with Care Group Leads in order to provide assurance of the Health Board's engagement and compliance with HIW recommendations and Improvement Plans.

6.2 The Executive Director of Nursing will introduce HIW measures as part of the weekly Executive Nursing and Midwifery Senior Leadership Meeting for oversight whilst teams work on compliance.