

HIW Inspection Recommendations Tracker
Leads as at 20/10/2025

Inspection Code	Title	Date of Inspection	Recommendations	Actions	Care Group & DoN Lead
Healthcare Inspectorate Wales (HIW)/2017/141	National review of Ophthalmology Services	30/01/2017	22	22	Planned Care Sharon O'Brien, Nurse Director
Healthcare Inspectorate Wales (HIW)/2020/139	Quality Check Summary Ysbyty Cwm Rhondda [Ysbyty Cwm Rhondda - Ward A1 (Ref: 20030)]	08/09/2020	2	2	Primary Care & Community Lucie Owen, Nurse Director
Healthcare Inspectorate Wales (HIW)/2021/137	National Review of Mental Health Crisis Prevention in the Community	30/06/2021	17	18	Mental Health & Learning Disabilities Ana Llewellyn, Nurse Director
Healthcare Inspectorate Wales (HIW)/2023/130	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	07/03/2023	39	180	Mental Health & Learning Disabilities Ana Llewellyn, Nurse Director
Healthcare Inspectorate Wales (HIW)/2023/134	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix A - Immediate Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	31/07/2023	2	2	Unscheduled Care Deborah Matthews, Nurse Director
Healthcare Inspectorate Wales (HIW)/2023/140	HMP Parc Prison	16/05/2023	7	7	Primary Care & Community Lucie Owen, Nurse Director
Healthcare Inspectorate Wales (HIW)/2023/155	National Review of Patient Flow - a journey through the stroke pathway	07/09/2023	50	50	Unscheduled Care Deborah Matthews, Nurse Director
Healthcare Inspectorate Wales (HIW)/2023/167	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	31/07/2023	31	36	Unscheduled Care Deborah Matthews, Nurse Director

HIW Inspection Recommendations Tracker
Leads as at 20/10/2025

Inspection Code	Title	Date of Inspection	Recommendations	Actions	Care Group & DoN Lead
Healthcare Inspectorate Wales (HIW)/2024/165	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	09/01/2024	2	27	Children & Families Suzanne Hardacre, Director of Midwifery
Healthcare Inspectorate Wales (HIW)/2024/166	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	09/01/2024	14	36	Children & Families Suzanne Hardacre, Director of Midwifery
Healthcare Inspectorate Wales (HIW)/2024/235	Hospital Inspection Report (Unannounced) Coity Clinic, Princess of Wales Hospital_Appendix C - Improvement Plan_13, 14 and 15 November 2024 (Ref: 03710)	13/11/2024	27	46	Mental Health & Learning Disabilities Ana Llewellyn, Nurse Director
Healthcare Inspectorate Wales (HIW)/2025/241	Appendix C - Improvement Plan_ Ward 7, Ysbyty Cwm Cynon Hospital	27/01/2025	13	14	Mental Health & Learning Disabilities Ana Llewellyn, Nurse Director
Healthcare Inspectorate Wales (HIW)/2025/261	Appendix B - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HIW)/2025/264 Appendix C)	20/05/2025	4	8	Diagnostic, Therapies, Pharmacy and Specialities Carl Verrecchia, Service Director
Healthcare Inspectorate Wales (HIW)/2025/264	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HIW)/2025/261 Appendix B)	20/05/2025	24	59	Diagnostic, Therapies, Pharmacy and Specialities Carl Verrecchia, Service Director

AMaT Recommendation Actions - Status Key

In progress	Inspection action is in the process of being completed and has not yet reached the deadline.
Partially complete	Inspection action is in progress and some of the recommendations have been completed. The deadline has not yet been reached.
Partially complete (Overdue)	Inspection action is in progress and some of the recommendations have been met. The deadline has been reached and is now overdue.
Overdue	Inspection action deadline has been reached and no recommendations have been completed.
Fully complete (Awaiting approval)	Inspection actions have been fully completed and are waiting to be approved to be closed.
Rejected (To be resubmitted)	This Inspection action was submitted as Fully complete (Awaiting Approval) however more narrative is required to satisfy closure of the action and to provide assurance it has been completed.
Fully complete (Approved)	Inspection actions and all recommendations have been fully completed, approved and closed. These are not shown on this HIW Inspections Tracker but can be viewed within AMaT.
Unable to Complete	This action is unable to be completed.

HW Inspections Recommendation Actions Tracker as at 30/10/2025
(For Quality, Safety and Experience Committee 18/11/2025)

Inspection Code	Inspection Date	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Issues relating to patient referral process. All parties (Welsh Government, NWS, Ophthalmology Planned Care Board and Health Boards) must work together towards the introduction of electronic patient record/referral system from optometrists directly to secondary care.	Healthcare Inspectorate Wales (HWJ/2017/141/MD1)	Roll out of OpenEyes has been delayed nationally. Primary Care have worked with the programme team to provide contact details for all optometrists requiring access/relevant training. Enhanced support has been offered by the H&C programme and projects team to implement OpenEyes, the national electronic patient record/referral system for eye care which will support closer and integrated working across care settings. A task and finish group has been established, with the clear objective of implementing the system in glaucoma clinics in the UHB's hospitals by the end of March 2023. The programme plan is to then implement e-communications (including e-referrals) between primary and secondary care as stage 2 and to roll out to the other sub-specialities in Ophthalmology as stage 3. These are in the local and national plans to be undertaken in the financial year 2023/24. Programme management support has been provided by W&G for the 15 months from Jan 2023 to March 2024.	Planned Care	01/03/2023	31/12/2025	Partially complete (Overdue)	October 2025 Update (14.10.25) - Roll out of open eyes is planned for March 2026 for all ophthalmic services across Wales. August 2025 Update (21/8/25) - Regional digital eye care board meeting 19/8/25. Awaiting confirmation from digital team re configuration completeness and next step of UAT. Clinical risk log needs to be completed via digital service. Funding needs to be approved post Jan 27. Local implementation meeting to be established.
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Lack of feedback provided to optometrists following referral and discharge of patients (Patient Referral – Communication Following referral) (Discharge patient – Quality of Information) C) Health boards/Welsh government must ensure that systems are introduced to improve the amount of information available to optometrists in relation to patients who have been discharged from secondary care.	Healthcare Inspectorate Wales (HWJ/2017/141/MD1)	The implementation of Open Eyes will provide optometrists with access to patient information that will promote, simplify and improve the quality of referrals and allow optometrists to have sight of all patient data/results/notes to support management of the patient following discharge.	Planned Care	01/04/2024	31/12/2025	Partially complete (Overdue)	October 2025 Update (14.10.25) - Awaiting confirmation from digital team regarding roll out of open eyes planned for March 2026. August 2025 Update (21/8/25) - Regional digital eye care board meeting 19/8/25. Awaiting confirmation from digital team re configuration completeness and next step of UAT. Clinical risk log needs to be completed via digital service. Funding needs to be approved post Jan 27. Local implementation meeting to be established.
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets) A) The Welsh Government should ensure that Patient Administration Systems are capable of providing data on clinician recommended follow-up interval and actual follow-up interval by care pathway.	Healthcare Inspectorate Wales (HWJ/2017/141/MD1)	Documents and resource related to FUNB patients are shared between the business informatics and Directorate Management Team by mean of daily downloads. There are a number of status updates reports to include: Total number waiting Patients past target date Patients with a target date Partial booking PFU Patients with appointments cancelled	Planned Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update (14.10.25) - Awaiting confirmation of health board strategy to manage the backlog of patients - PFU and SOS pathways being agreed and implemented in accordance with CIN recommendations, these pathways will be applied retrospectively to FUNB list MM & CR August 2025 Update (21/8/25) - Health board strategy being developed to manage patients backlog. PFU and SOS pathways being agreed and implemented in accordance with CIN recommendations, these pathways will be applied retrospectively to FUNB list KJ 21/8/25
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets) C) Clinical teams must clearly document the follow-up regime selected for each case. This should be applied consistently according to agreed protocols. The patient should be kept informed of any changes to the plan.	Healthcare Inspectorate Wales (HWJ/2017/141/MD12/1)	Clinic outcome forms are routinely completed for each patient to ensure they are placed on the correct FUNB list immediately following the clinic appointment. The Directorate recognises that we continue to have shortfalls in our FUNB monitoring practices. A new management team has been appointed and has identified the current practices fall short of the agreed protocols. A significant review into waiting list management is required to include: Ratio of FUNB capacity to meet demand Extensive validation work to cleanse the FUNB waiting list Duplication of pathways Cross site skills and resource	Planned Care	01/04/2024	01/06/2025	Partially complete (Overdue)	October 2025 Update (14.10.25) - Health Board strategy being developed to address and manage backlog. PFU and SOS being implemented via CIN recommendations. These pathways will be applied retrospectively to FUNB list CR & MM 14.10.25 August 2025 Update (21/8/25) - Health Board strategy being developed to address and manage backlog. PFU and SOS being implemented via CIN recommendations. These pathways will be applied retrospectively to FUNB list 21/8/25 KJ
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Lack of incident reporting relating to WG patient harm policy A) Health Boards must ensure that there are mechanisms in place to review incident reports to identify potential patterns providing early warnings to more serious system failures.	Healthcare Inspectorate Wales (HWJ/2017/141/MD13/1)	A FUNB Standard Operating Procedure has recently been submitted to the Surgical Safety and Quality Governance group for review and approval, this includes: • Identify adults who have not had an ophthalmology follow up appointment(s) booked in a timely manner • Ensure that National Standards for Ophthalmology screening have been met in order to maintain compliance with good clinical practice • To review patient pathway delays and identify the level of harm resulting from avoidable delays • To identify how much loss of vision represents a loss of function and whether this is as a result of a delay in treatment • To ensure, when harm is established, the application of Putting Things Policy and/or Serious Incident management process. • To ensure there is an appropriate follow up plan of care in place for each patient reviewed • To ensure actions are implemented to reduce the risk of a recurring delay in the patient's pathway. • To encourage continuous improvement by identifying areas for improvement in FUNB incident reporting.	Planned Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update (14.10.25) - Health Board strategy being developed to address backlog of FUNB patients. Meetings in diary to complete all outstanding NW's. PFU and SOS pathways to be implemented in accordance with CIN recommendations. These will be applied retrospectively to FUNB list U & non 14.10.25 August 2025 Update (21/8/25) - Health board strategy being developed to address backlog of FUNB patients. Meetings in diary to complete all outstanding NW's. PFU and SOS pathways to be implemented in accordance with CIN recommendations. These will be applied retrospectively to FUNB list U & non 14.10.25
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Lack of capacity/Fragility of services of services due to over-reliance on consultants. Issues relating to lack of capacity, recruitment and lack of investment in services. (Treatment - Capacity) B) Health boards must consider ways to work more closely with colleagues from primary care. For example, providing equipment (and training) to optometry practices to allow them to undertake referral refinement and/or assessments on stable patients. This needs to be done in a planned and strategic way under control of the health board.	Healthcare Inspectorate Wales (HWJ/2017/141/MD15/1)	b) CTM has funded a community optometrist to complete his medical retina higher certificate with a placement in the medical retina service starting in March 2023. We continue to provide independent prescribing, glaucoma certificate and pre-registration placements to community optometrists. An AMD new referral refinement pathway (CARROS) is due to be implemented in the coming weeks with in house training of participating local community optometrists. This will allow all new AMD referrals to be triaged in primary care. A DRSS new patient scheme has been implemented over the last few months with low risk DRSS patients reviewed by primary care with additional training. DRSS waiting list has significantly dropped and allowed the majority of DRSS patients to be kept in primary care	Planned Care	01/04/2024	31/12/2025	Partially complete (Overdue)	October 2025 (14/10/25) - New optometry lead appointed who is reviewing this and in discussions with HEW. Re placements this year qualifies for 0.5 WTE band 4. Working through with HEW finance - waiting for confirmation of admin support for post - CR & MM 14.10.25 August 2025 Update (27/8/2025) - Recruitment unsuccessful. New optometry lead appointed who is reviewing this and in discussions with HEW. Re placements this year qualifies for 0.5 WTE band 4. Working through with HEW finance (KJ)
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Health Boards should learn from the experiences following progress made in other areas (Treatment - Initiatives to improve Capacity) B) Welsh Government should consider whether there is a need to develop further approaches to encourage shared learning between health boards as well as more integrated methods to address common themes/issues being experienced across Wales. For example, the introduction of non-medical injectors.	Healthcare Inspectorate Wales (HWJ/2017/141/MD17/1)	WG to answer	Planned Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update (27/8/25) - as of today we are still waiting WG decision re further advice / shared learning (KJ)
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	More clarity required in relation to evolving role of optometrist to enable more effective utilisation of optometrists, Welsh Government must provide clarity to health boards relating to indemnity, resource & finance arrangements, training/qualifications and communication mechanisms.	Healthcare Inspectorate Wales (HWJ/2017/141/MD20/1)	This appears to be an action required by WG, though we have answered from a CTM perspective. CTM optometrists are being utilised in multiple areas of ophthalmology such as glaucoma, med retina and corneal specialities and direct WG funding has provided seasonal optometrists to work within these areas. Higher level training and qualifications are underway and have been utilised historically and currently. Staff have sought funding from HEW in order to gain higher qualifications from The Royal College of Ophthalmologists in order to further develop services (such as the soon to be implemented optometry led laser service for glaucoma).	Planned Care	01/04/2024	01/06/2025	Partially complete (Overdue)	October 2025 Update (14.10.25) - No further updates to provide CR & MM 14.10.25 August 2025 Update (21/8/25) - Head of optometry appointed into and commenced 5th Aug 25 (KJ) 21/8/25
Healthcare Inspectorate Wales (HWJ/2017/141)	30/01/2017	National review of Ophthalmology Services	Additional utilisation of optometrists is required to increase capacity (HCHB) example) and reduce the burden on secondary care. (Utilisation of optometrists) Health boards should consider additional utilisation of optometrists to increase available capacity and reduce burden on secondary care. Health Board will need to ensure that issues are clarified around indemnity, resource & finance arrangements, training and communication, for optometrists.	Healthcare Inspectorate Wales (HWJ/2017/141/MD21/1)	See points above. CTM already utilising both hospital and primary care based optometrists in a range of sub-specialities. Primary care pathways and schemes include iPOS or unscheduled care, Glaucoma community monitoring scheme, AMD referrals refinement and DRSS.	Planned Care	01/04/2024	01/06/2025	Partially complete (Overdue)	October 2025 Update (14.10.25) - Business case submitted to make the current 3 part-time temporary optometrists substantive. CR & MM 14.10.25 August 2025 Update (21/8/25) - Head of optometry appointed and in post from 5th Aug 25 (KJ) 21/8/25) Glaucoma & post on TRAC
Healthcare Inspectorate Wales (HWJ/2020/139)	08/09/2020	Quality Check Summary Ylbyty Cwm Rhondda [Ylbyty Cwm Rhondda - Ward A1 (Ref: 202030)]	The Health Board should ensure that the escalation procedure is reviewed.	Healthcare Inspectorate Wales (HWJ/2020/139/MD2/1)	A revised Emergency Pressures Escalation Plan has been drafted (9th September 2020) and submitted to the Executive Director of Operations. Once approved, this will be made available on the CTM intranet site.	Primary Care and Community	01/10/2020	01/10/2020	Overdue	August, October 2025 Update - No update against this recommendation action has been received on these occasions. June 2025 update - Email sent from head of Nursing to Assistant Director of Transformation requesting an update on the outstanding action. No response received currently.
Healthcare Inspectorate Wales (HWJ/2021/137)	30/06/2021	National Review of Mental Health Crisis Prevention in the Community	Health boards must ensure that clear processes are in place to ensure that physical health assessments and monitoring is undertaken for relevant patients under the Mental Health (Wales) Measure 2010.	Healthcare Inspectorate Wales (HWJ/2021/137/MD3/1)	Working group to be established between Primary Care and mental health to ensure clear understanding of responsibilities for delivery of Physical Health checks with agreed process	Mental Health & Learning Disabilities	01/11/2024	01/11/2024	Partially complete (Overdue)	October 2025 Update - Unfortunate delay in this being signed off, will be brought back to November Q&E for sign off. August 2025 Update - physical health monitoring meeting is being held in September, following this evidence will be presented at Q&E in October meeting with a view to being sign off.
Healthcare Inspectorate Wales (HWJ/2022/131)	22/03/2022	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services (Appendix C – P&W Maternity Unit (Ref: 21233))	The Health Board should consider consultant job plans that formally allocate a separate consultant to supervise the caesarean section and Gynaecology work.	Healthcare Inspectorate Wales (HWJ/2022/131/MD1/1)	Business case under development for separate maternity elective theatre case lists to be established. Once finalised will be submitted through Integrated Locality Group structure for consideration.	Children & Families	01/08/2022	01/09/2023	Unable to complete	August 2025 Update - this action is unable to be completed - this matter has been escalated to the Exec colleagues and was raised on the recent HWI inspection Aug 2025.
Healthcare Inspectorate Wales (HWJ/2023/130)	07/03/2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 19 The health board must continue to provide HW with updates on the plans to implement the unified patient clinical records system. This must also include consideration for its inpatient and community services for Child and Adolescent Mental Health Services across the health board.	Healthcare Inspectorate Wales (HWJ/2023/130/MD18/1)	The Executive and Board are committed to the implementation of a unified electronic record system for the Mental Health and Learning Disabilities Care Group, which includes Child and Adolescent Mental Health Services.	Mental Health & Learning Disabilities	30/06/2023	30/06/2023	Fully complete (Awaiting approval)	October 2025 Update - It has been agreed by Head of Nursing (MHLD) and the Executive Director of AHPs and Health Science on 7th October that this action is now completed due to being at the procurement stage. The recommendation has therefore been achieved. August 2025 Update - The matrix is still in place and working effectively as the risk mitigation for the retrieval and sharing of patient information throughout MH in CTM/UHB. MH Single Clinical Record - evaluation is now % complete. Reference site visits to meet with other H&Bs who are using the digital systems has taken place with good information obtained. Financial scoring to take place by the end of August with total scoring known by middle Sept (indicative). Procurement anticipated to be complete by end of September 2025 (indicative) Supplier will be known in Autumn 2025. Under review -5 Awaiting ratification – 4 (for OMB Sept)
Healthcare Inspectorate Wales (HWJ/2023/130)	07/03/2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 36 The health board must provide HW with an update on the progress of the ongoing work to review and update the mental health service policies and procedures, and when the health board wide documents will be implemented. This must include how this will be shared with all staff across the mental health services as a whole.	Healthcare Inspectorate Wales (HWJ/2023/130/MD35/2)	Mental health policies will follow the agreed organisational process for ratification. All NH specific policies were reviewed by 1 June 2023 and of the 49 MH specific policies - Review underway 4 in date and approved 13 Expired 32. With an agreement that those that require updating will be completed by 31 June 2024. The 32 expired policies have been prioritised with consideration of patient safety, present best practice and clinical impact and a review schedule has been developed with this in mind. The Mental Health Policy group will monitor this review schedule at each meeting through an agenda item. In the interim the Mental Health Policy group has directed the clinical teams to work with the most current version each Clinical policy. On completion agreed policies will be communicated to all Nursing and Medical staff across all Mental Health services using the care Group "Communication and Learning Framework" (recommendation All current and ratified policies will be live on the Mental Health Policies page on the staff internet site SharePoint.	Mental Health & Learning Disabilities	01/06/2024	01/06/2024	Fully complete (Awaiting approval)	October 2025 Update - Head of Nursing (MHLD) and the Executive Director of AHPs and Health Science on 7th October that this action is now completed - we have 66 policies in date. The recommendation has therefore been achieved. August 2025 Update - To note updates have been added from February to July 25, current position is as follows In date -55 Under review -5 Awaiting ratification – 4 (for OMB Sept)
Healthcare Inspectorate Wales (HWJ/2023/134)	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix A - Immediate Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3309)	The health board is required to provide HW with details of the action taken: • to improve mandatory staff training compliance in respect of resuscitation training • to promote patient safety in the interim until compliance has improved	Healthcare Inspectorate Wales (HWJ/2023/134/MD2/1)	Cwm Taf University Health Board acknowledges that compliance for mandatory resuscitation training is not where we want it to be in order that Patient Care and Safety can be assured in the event of a patient collapse - ED • Registered Nurse ILS compliance is currently 38.24% and HCWS BLS is 2.78% as demonstrated in attached training needs analysis. • An 8a Senior Nurse for Professional Education has been appointed (July 2022) as part of the new ED Workforce Model agreed following the HWI review in September 2022. • Training Needs Analysis has been undertaken and a Study Plan has been developed for all Registered Nurses and HCWS. Registered Nurses-the Resuscitation Team have agreed to undertake bespoke ILS and PLS training monthly with 12 spaces being allocated monthly HCWS- the Resuscitation Team have agreed to undertake bespoke BLS training monthly for ED -8 spaces As an interim measure to ensure patient safety until compliance has improved the senior nurse for ED will have oversight of the roster to provide assurance that each area has an ILS trained nurse on shift. CDU - Registered Nurse ILS currently 70.6% this should also translate to BLS being achieved at 70.6% which was a data entry error to be immediately rectified by the resuscitation team via ESR. There are only 5 further nurses requiring training in order to meet 100%. Training is in line with the PDR process "Have your Conversation", training compliance is aligned to the Agenda for Change process.	Unscheduled Care	01/11/2023	30/06/2024	Partially complete (Overdue)	October 2025 Update - Clinical Decisions Unit (CDU) is now called Acute Medical Unit (AMU) - Basic Life Support (BLS) - 82% Intermediate Life Support (ILS) Registered Nurses 46% awaiting further course dates to be released Emergency Department - Basic Life Support (BLS) 81% Intermediate Life Support (ILS) 69% Advanced Life Support (ALS) 45% (Band 7 and Band 6) Emergency Paediatric Life Support (EPLS) 60% Advanced Paediatric Life Support (APLS) -29% (Band 7) awaiting further course dates to be released August 2025 update - Following targeted intervention the BLS for AMU has increased to 72% and ED compliance has increased to 74%. ED Compliance for ILS has increased to 65%
Healthcare Inspectorate Wales (HWJ/2023/140)	16/05/2023	HMP Parc	HMP Parc Prison should ensure that there is a robust mechanism to ensure that drug monitoring bloods are organised in a timely fashion especially for immunosuppressant drugs.	Healthcare Inspectorate Wales (HWJ/2023/140/MD2/1)	A review of the current GP management process to be undertaken. To implement a robust process ensuring that bloods required due to drug monitoring are undertaken in a timely manner and results are reviewed appropriately.	Primary Care and Community	31/08/2023	31/08/2023	Partially complete (Overdue)	December 2024, February, April, June, August, October 2025 - No update against this recommendation action has been received on these occasions. October 2024 Update - Discussion with Head of Healthcare within HMP Parc, chaser email sent to GP contractors to request update on process with implementation of recommendation.
Healthcare Inspectorate Wales (HWJ/2023/140)	16/05/2023	HMP Parc	HMP Parc Healthcare must ensure that all medication recommended is supplied.	Healthcare Inspectorate Wales (HWJ/2023/140/MD7/1)	A work stream to understand the correct process and to develop robust process to ensure recommended medication is supplied. This will include- flow chart to be drafted and implemented with a process how staff/ patients access medication in a timely manner. Implementation of critical medication policy. Any process developed will need to consider all stages, pharmacy from the perspective of supply and staff on the wings for administration. Consideration needed regarding prescribing as it may be that in some circumstances an interim prescription for an alternative formulation etc may be required.	Primary Care and Community	31/08/2023	31/08/2023	Partially complete (Overdue)	December 2024, February, April, June, August, October 2025 - No update against this recommendation action has been received on these occasions. August 2024 Update - Ongoing with Pharmacy lead and GP in HMP parc.

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(For Quality, Safety and Experience Committee 18/11/2025)

Inspection Code	Inspection Date	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must communicate with each other to establish the good practices taking in place in some hospitals for the robust management of patient flow. This includes the implementation of effective action plans to manage daily discharges, which remain active throughout the day, and in planning for subsequent days.	Healthcare Inspectorate Wales (HWI)/2023/155/MD5/1	Significant work is ongoing to ensure the robust management of patient flow. Each site has a well-established daily Safe2Start meeting which provides assurance around site based escalation, staffing, patient safety and clinical priorities. The meeting allows the identification of clinical priorities, including stroke patients, and time frames for movement to appropriate patient beds. All patient flow constraints are discussed and risk is shared across the acute inpatient wards and community sites in order to balance risk within the Emergency Department. This remains an action-focused meeting, with clear ownership and delivery prior to the afternoon meeting. As part of this work, under the 6 Goals national programme, the Safe2Start template has been revised to include SAFER, Red2Green and both internal and external delay metrics. There was a delay in launching the new template due to access required into SAFECARE to display nurse staffing levels, this is being worked through by informatics colleagues with the new template expected to be completed and implemented by November 2024. We have introduced Electronic Whiteboards on every ward that track each stage of discharge and highlights any blockages in the process. This information is an integrated tool across health and social care partners. As part of this work, we have also developed Optimise, a programme of work under the national 6 Goals programme to focus on value added care for patients, including a multi-professional approach to patient flow and Discharge to Recover then Assess (D2RA) pathways. We continue to share our approach with other Health Boards and bring back learning from good practice gleaned from other areas.	Unscheduled Care	01/11/2023	01/11/2023	Partially complete (Overdue)	October 2025 Update (14th October 2025) - actions described in the overview are complete and embedded across the HB. August 2025 Update - The overarching Action Plan has supported this work whereby the below is embedded and the Senior Stroke Team undertake a formal patient review daily identifying who does not require ongoing care within the Stroke Unit and the includes discharge and transfer out internally across the HB and neighbouring HB's (formally discussed on the national call at 11.00 daily. The detail is communicated robustly to the Flow Team daily and updated accordingly to ensure Stroke capacity available.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must review and consider timelier processes of prescribing take home medication and obtaining this promptly from pharmacy to minimise discharge delays. This should include planning well in advance of the scheduled time for discharge (such as the day before).	Healthcare Inspectorate Wales (HWI)/2023/155/MD6/1	CTM UHB is aware that consideration needs to be given to dedicated specialist pharmacist support as part of our review of the Stroke Pathway. The Pharmacy Team are involved in conversations to improve communication regarding estimated dates of discharge and full MDT involvement/use of eWhiteboards, which includes planning the day before for potential discharges. Pharmacy colleagues are also part of the site based Safe2Start meetings, so they are aware of potential discharges across the acute sites early to prevent potential delays.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - CTM wide review of stroke pathway ongoing including all workforce requirements. The need for dedicated pharmacy support will be included in this service review.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider the benefits of improvement Cymru's Real Time Demand Capacity methodology, and whether this would have a positive impact to implement (in to pilot) within all hospitals to help manage timelier patient flow.	Healthcare Inspectorate Wales (HWI)/2023/155/MD6/1	Within Prince Charles Hospital there was a trial of the RTDC model with some positive effect supported by improvement Cymru. There is a national move towards the North Bristol Trust model of continuous flow, which has been explored by the USC Group as an option which may have a positive impact on patient flow. We are currently collaborating with NHS Exec colleagues on the roll out of this, with the site planned for proof of concept being Royal Glamorgan. In order to undertake this piece of work, we need to understand the breakdown of our speciality demand and so informatics colleagues are supporting this piece of work which will be developed as an improvement project once relevant base line data is available.	Unscheduled Care	01/02/2024	31/12/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - The Stroke Unit for CTM has been relocated to the RGH since January 2025 and this work is ongoing due to the change of service. The review to date has identified that the demand for CTM is supported more efficiently from the RGH. There is ongoing regional stroke work where this is currently being worked through.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should reflect on their patient flow processes and consider whether improvements can be made with predictive methodology for demand in each of their hospital sites, such as with medical and surgical admissions.	Healthcare Inspectorate Wales (HWI)/2023/155/MD6/1	CTM UHB has significant experience of using predictive methods to enhance patient and system outcomes. In building on this as part of the development of an USC Dashboard, which is now embedded for operational use, and the future development of an ED Electronic Whiteboard/View, there is the ability to start to inform the USC leadership team around their predicted demand. Later developments will allow the breakdown of this into speciality and also to further explore surgical demand data. The Health Board continues to build on its use of data to enhance the provision of business intelligence on offer at all levels of the organisation, in order to scrutinise the demand and flow of patients through the system. These additional developments have been built into the Informatics IMTP proposals for 2024/2025.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - the introduction of SDEC, STAMP, Surgical and Trauma Assessment Units that has supported the concerns identified. These are now established at RGH but review of surgical, medical and trauma pathways will be reviewed post critical incident to confirm whether these units are fully formalised.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should consider whether a daily senior nursing/clinical oversight for each directorate could be implemented to facilitate critical issues with flow. This may help ensure staff are making timely progress to discharge patients, challenge medical staff to undertake key tasks where necessary, and help expedite any outstanding clinical patient needs. In addition, to commence planning for patient discharge on subsequent days.	Healthcare Inspectorate Wales (HWI)/2023/155/MD10/1	See also response to Rec 5. Within the USC Group and under the umbrella of the national 6 Goals programme, there is a significant focus on patient flow, aligned to SAFER, Red2Green and right patient, right time, within work stream 3. Part of this work includes the implementation of a standardised process around board and ward rounds, with senior nursing and clinical teams having direct involvement with information relating to internal and external delays as part of this being captured on an electronic whiteboard which feeds into the afternoon Safe2Start site based meeting. This piece of work is Optimise and focuses on value added care. This work is ongoing and a large scale transformation with a detailed project plan and times lines for implementation that are monitored via 6 Goals Board.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - SAFER, Red2Green and right patient, right time now embedded in daily practice and implemented across wards. Lead Nurse for Optimise in post to support patient flows across the Health Board.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards and WAST should engage with people to better understand the barriers to them accessing, or choosing, from the range of healthcare services available in Wales. Once the barriers are understood, this in turn, could be used to influence service design.	Healthcare Inspectorate Wales (HWI)/2023/155/MD11/1	Listening to our communities and understanding their experiences is a key part of the CTM UHB Organisational Strategy Action Plan. As part of CTM2030 and our Acute Clinical Services Plan there will be multiple opportunities to engage with our communities in order to influence service design.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Listening to our communities and understanding their experiences is a key part of the CTM UHB Organisational Strategy Action Plan. As part of CTM2030 and our Acute Clinical Services Plan there will be multiple opportunities to engage with our communities in order to influence service design.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should seek assurance that their A&E and ED departments ensure all reception staff have received up to date Act FAST training, and they are competent with this. In addition, that appropriate escalation process is in place if a receptionist is or is not sure a patient may be suffering with a stroke.	Healthcare Inspectorate Wales (HWI)/2023/155/MD12/1	Due to significant changes within CTM in relation to a large scale OCP process with multiple changes to staff groups and lines of reporting the review of current training in relation to Act FAST training has not yet taken place. This is scheduled to start in the next month with an aim for completion by September. There is also a national e-triage system being implemented which may prevent the need for this in future, as stroke symptoms are built in as part of 'red flagging' leading to an appropriate clinical triage category for patients who are symptomatic of a stroke.	Unscheduled Care	01/10/2024	01/10/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - E-triage not currently in place in CTM. OCP now complete. Awaiting update from Service Manager, Emergency & Acute Medicine to confirm FAST training programme for clerical staff.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	WAST and all health boards must work collaboratively to identify a consistent approach to ensure handover of stroke patients is made within the Welsh Government 15-minute target. This is to ensure that time critical investigations and treatment are undertaken promptly.	Healthcare Inspectorate Wales (HWI)/2023/155/MD13/1	Collaborative working with WAST continues as part of the CTM UHB Stroke Programme Board/Stroke Operational Group to collaboratively identify and implement a consistent pathway for stroke patients, both confirmed and query arriving at our emergency departments. In addition, we are currently reviewing our nurse specialist provision in order to create capacity to better support the early handover of stroke patients and transfer directly to their clinical investigations.	Unscheduled Care	01/10/2024	31/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - collaborative work with WAST continues, specifically following temporary consolidation of inpatient stroke services at Royal Glamorgan Hospital. WAST colleagues included in Stroke Programme Board / Stroke Operational Group. CNS workforce included within the Stroke Service Redesign programme.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Welsh Government should work collaboratively with WAST, health boards and social care providers to evaluate and strengthen the current processes in place to improve flow through health and care systems, with a concerted focus on the analysis of flow, the bottlenecks impeding flow and the issues with achieving timely discharge.	Healthcare Inspectorate Wales (HWI)/2023/155/MD14/1	This action remains ongoing as stroke and flow performance indicators continue to form part of regular performance meetings with Welsh Government, resulting in scrutiny and discussion. In addition, CTM UHB is working with the NHS Wales Executive Performance and Assurance Directorate regarding stroke performance and the nation review of self-presenters. Recently reviewed data (as per below 'table removed for AMAT purposes'), shows a decrease in patients self-presenting to CTM for Stroke, which in theory should enable a more efficient stroke pathway across POW and PCH where we have stroke provision.	Unscheduled Care	01/10/2024	01/10/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - This action remains ongoing. Stroke inpatient services currently centralised at Royal Glamorgan Hospital. Stroke Service Redesign programme reviewing the full stroke pathway, including community / rehabilitation provision with bed modelling and workforce review to ensure that flow through the pathway is not blocked.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that ED staff undertake the triage of patients within the 15-minute target time. Where this has not been possible, it should be clearly documented 'why not' within the patient's clinical record.	Healthcare Inspectorate Wales (HWI)/2023/155/MD15/1	Triage within 15 minutes is a national tier one target and quality metric that we always strive to achieve. If not possible, additional resources is allocated to mitigate where possible. Any delays in triage is captured via ED huddles and site management patient safety reports, which are escalated to the Flow Manager of the day and the Exec on call to explore mitigations and actions to reduce any delays. Implementation of e-triage will minimise delays as patients will self-triage and be clinically prioritised following this. If triage times are starting to escalate then additional nursing resource is allocated to support.	Unscheduled Care	01/10/2024	01/10/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Awaiting update from Clinical Director, Emergency Medicine re internal ED mitigations. Triage times and numbers of patients awaiting triage are noted on 3x daily HB conference calls. E-triage not currently implemented in any Health Board Emergency Departments.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that medical staff who carry the bleep for stroke alerts recognise the urgency of both thrombolysis and non-thrombolysis stroke calls. A patient may still be symptomatic whilst out of the thrombolysis window but may still be within the thrombolysis time frame. This is particularly important if a referral tertiary centre is relatively close to the ED.	Healthcare Inspectorate Wales (HWI)/2023/155/MD16/1	Significant work is ongoing within CTM UHB to review the clinical workforce required to review stroke patients within the ED. Work continues to ensure we have the right workforce with the right skills and attributes to support early recognition and treatment of stroke. Patients eligible for thrombolysis are described in the thrombolysis pathway, which forms part of training given to junior doctors and the stroke CNS team who carry the bleep for stroke alerts. The Unscheduled Care Group have developed a case for change to create additional ACP capacity to support urgent stroke alerts and more timely progress through the stroke pathway.	Unscheduled Care	01/01/2025	01/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Review of stroke clinical workforce is included in the Stroke Service Redesign programme. Stroke services currently centralised at Royal Glamorgan Hospital with clinical teams combined to support one Acute Stroke Unit. New stroke consultant recently appointed and will start January 2026. CNS workforce also centralised at Royal Glamorgan Hospital to support emergency presentations and ward patients. The 3 CTM Emergency Departments continue to provide emergency stroke care. Stroke teaching is included in induction programmes for ED resident doctors.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should review the provision of the CNS or ANP stroke specialist service at each acute site and consider how they can maximise their availability throughout the stroke service.	Healthcare Inspectorate Wales (HWI)/2023/155/MD17/1	Within CTM, a review of the CNS Stroke workforce has been undertaken with recommendations made to significantly increase the workforce but it is recognised that this requires significant additional resource. This paper has been reviewed in ACP work forums to support early recognition and treatment of stroke patients. Ongoing workforce modernisation is underway to ensure we have the right workforce with the right skills and attributes looking after our patients.	Unscheduled Care	01/01/2025	01/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 - Stroke Services currently centralised at the Royal Glamorgan Hospital. CNS Stroke Workforce currently centralised too. CNS workforce being reviewed as part of the Stroke Service Redesign programme.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should ensure that EDs track and monitor all patients arriving at hospital with a suspected stroke (by ambulance and self-presenting), to drive improvement on assessment times, so people can commence on the stroke pathway in a timely manner.	Healthcare Inspectorate Wales (HWI)/2023/155/MD18/1	Work is underway to develop a patient alert system embedded in the Electronic White Board that will allow stroke wards to track and monitor suspected stroke patients from the Emergency Department. This is in an early development phase and development and progress is monitored via the 6 Goals Programme Board.	Unscheduled Care	01/01/2025	01/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - remains ongoing with digital team as per August 24 update.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that all relevant staff within EDs are trained and are competent to use the ROSIER assessment tool. In addition, that staff are consistently using a validated tool, such as ROSIER, to enable prompt differentiation with strokes or stroke mimics, such as TIA.	Healthcare Inspectorate Wales (HWI)/2023/155/MD19/1	Work is ongoing within the USC Group to streamline processes and ensure the domains of quality are met across the organisation, with a focus on equity of treatment and patient outcomes. There is a comprehensive stroke pathway that are working to replicate on other sites working in collaboration with stroke teams and other relevant stakeholders to support standardisation where possible to ensure compliance with the ROSIER assessment tool.	Unscheduled Care	01/10/2024	31/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - awaiting update from Clinical Director, Emergency Medicine
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that ED staff fully and clearly complete the clinical diagnostic assessment tool for stroke	Healthcare Inspectorate Wales (HWI)/2023/155/MD20/1	As part of ongoing work within the USC Group, actions are being developed to streamline processes and ensure the domains of quality are consistently met, with a focus on equity of treatment and patient outcomes. There is a comprehensive stroke pathway in place that we are working to replicate across all sites. This work is being done in collaboration with stroke teams and other relevant stakeholders to support the standardisation wherever possible and appropriate. This will ensure compliance with completing the clinical diagnostic tool for stroke.	Unscheduled Care	01/10/2024	31/01/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - awaiting update from Clinical Director, Emergency Medicine.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that the reason for delayed brain imaging is monitored and analysed for possible stroke patients to ensure scans are completed in a timely manner in line with NICE guidance.	Healthcare Inspectorate Wales (HWI)/2023/155/MD21/1	The work of the CTM UHB Stroke Operational Group is ongoing in its analysis of the stroke pathway through from arrival at hospital from door to discharge. All breaches are reviewed to identify learning and any associated actions. The work of the group will include implementation of processes to monitor delays in the pathway for scans and actions to address.	Unscheduled Care	01/01/2024	01/01/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Time to CT Scan KPI is now 20 minutes. Performance against this KPI is reported via Stroke Operational Group to Stroke Performance Board. Current improvement programme in progress to identify any delays to scan and process map patient journey to CT scan with involvement of all key stakeholders.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that all possible stroke patients who are clinically appropriate for thrombolysis, receive treatment in a timely manner.	Healthcare Inspectorate Wales (HWI)/2023/155/MD25/1	Within CTM UHB stroke pathways, all patients presenting inside of the thrombolysis window (Code 1 stroke) are to be reviewed by the medical registrar. Stroke CNS and Stroke Consultant on arrival. In hours, the target is to administer thrombolysis within the 45 minute guideline. There are delays out of hours due to waiting for Everlight to report CT scans. Work is ongoing to develop a more robust stroke Consultant rota with other Health Board colleagues and discussions are ongoing around resuming the regional Stroke Consultant rota. This would enable us to avoid Everlight delays by stat reporting by the stroke Consultants.	Unscheduled Care	01/10/2024	01/10/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Thrombolysis guideline has been updated nationally to 30 minutes (following CT scan within 20 minutes). Performance against this target is monitored monthly and reported via Stroke Operational Group to Stroke Programme Board. Current improvement work reviewing this key metric with all key stakeholders engaged.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must explore the options available to improve the process for prioritising stroke patient admissions to acute stroke wards within the four-hour target, to help maximise their clinical outcome.	Healthcare Inspectorate Wales (HWI)/2023/155/MD28/1	As part of the Stroke Programme Board/Stroke Operational Group, there is ongoing transformation work around patient flow and prioritisation of stroke patients to meet the 4 hour target. This is a key improvement metric within CTM UHB and work will continue around exploring more extensive ring-fencing of beds, early identification, and pull of patients from the Emergency Department. This work needs to be supported by workforce modernisation, digital enablers and resource allocation. A task and finish group has delivered a single pathway for patients self-presenting at RGH to transfer to the Stroke unit at PCH this is continuously monitored and re/evaluated as required.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Work continues to improve 4 hour performance. Stroke inpatient services are currently centralised at Royal Glamorgan Hospital and improvement work ongoing to support improvement in 4 hour performance with process mapping and key stakeholder involvement. Dedicated ambulance transfer vehicle commissioned for clinical transfers from PCH / POW to RGH to support transfer for emergency patients to Royal Glamorgan Hospital. 4 hour performance measured and reported at Stroke Operational Board and Stroke Programme Board. 4 hour performance included within Stroke Service Redesign programme as KPI for acute patient pathway.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Ring fenced stroke beds are frequently used for non-stroke patients, which may impact on a new stroke admission to ED. Therefore, health boards must explore how a ring fenced stroke bed can be maintained, to help ensure the best outcome for a stroke patient following their arrival at ED.	Healthcare Inspectorate Wales (HWI)/2023/155/MD29/1	As above, this continues to be a priority for CTM UHB, with non-stroke patients identified via a ward/board round, inputted into the electronic white board, and moved to the appropriate inpatient area. Ring-fenced capacity is identified at the twice daily cross site bed meetings and forms part of the out of hours and weekend planning cycle of the HB. Work is underway to better understand the risks/benefits of more extensive ring-fencing of stroke beds.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Inpatient stroke services currently centralised at Royal Glamorgan Hospital. Agreement that confirmed strokes only will be admitted to the Acute Stroke Unit to prevent medical outliers occupying stroke capacity. Daily aim to ensure ringfenced stroke bed to support flow and stroke pathway. Stroke demand on all three sites discussed at Safe to Start meetings twice daily and at HB conference calls. Ring fenced beds and ASU capacity continues to form part of the out of hours and weekend planning cycle of the HB.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must review their therapies staffing models to ensure there are sufficient resources and staff in place to adequately manage the rehabilitation and recovery of stroke patients in line with NICE guidance.	Healthcare Inspectorate Wales (HWI)/2023/155/MD31/1	Current therapies workforce data is being captured, with a review of therapy provision to explore the best models for therapy provision. This is linked to recommendation 38 regarding need for funded 7 day service. In order to achieve this, a case for resource to expand ISO is being developed.	Unscheduled Care	01/01/2024	01/01/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Following the temporary relocation of stroke services the therapy workforce has been reviewed and an investment proposal has been submitted as part of the IMTP process, the outcome of which is awaiting. This is linked to recommendation 38 regarding the need for funded 7 day service.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider the need for psychological support for people with stroke, and that adequately trained staff can provide this support to help effectively manage patient recovery.	Healthcare Inspectorate Wales (HWI)/2023/155/MD32/1	This service is fragile in CTM UHB and historical funding was for the north of the CTM footprint only, excluding Bridgend. The national withdrawal of the funding for the Community Neurorehabilitation service combined with maternity leave for a senior psychologist has led to the temporary cessation of the neuropsychology service to ED patients within CTM. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - due to critical incident and urgent service move, Stroke Services now currently centralised at Royal Glamorgan Hospital. There is currently no psychology support for stroke patients across the Health Board. The lack of psychology support is noted on the corporate risk register (risk ID 4632). 0.6 wte Neuropsychology post currently advertised. This will support stroke services. The need for psychology support will be included in the workforce review as part of the Stroke Service Redesign programme.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider introducing the provision of sufficient seven-day therapies services to comply with NICE guidance, to help improve patient flow by supporting a seven-day discharge for patients, and to help meet targets as highlighted within SSNAP.	Healthcare Inspectorate Wales (HWI)/2023/155/MD33/1	CTM UHB currently offers a 5 day clinical model. A 7 day clinical model remains the ambition for the health board but requires identification of significant financial resource. This is linked to the response to recommendation 36. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - CTM UHB continues to offer a 5 day clinical model. The Health Board aims to provide a 7 day clinical model to support patient outcome and experience. Workforce requirements to support this are being identified as part of the Stroke Service Redesign programme and will require investment as the current workforce is unable to support 7 day working.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that stroke rehabilitation environments are appropriate and are adequate to meet the needs of patients.	Healthcare Inspectorate Wales (HWI)/2023/155/MD34/1	Risk assessments have been submitted as part of the Health Board stroke action plan. Current rehabilitation space is sub-optimal and review of the stroke pathway includes detailed consideration of the environment and we are actively exploring options to address this. This action has been recognised as a risk and is regularly reviewed.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Inpatient acute stroke services currently centralised at Royal Glamorgan Hospital. Dedicated therapy bay established within the Acute Stroke Unit for use by all therapists. Community hospital provision - 8 funded stroke specific rehabilitation beds at Tisbury, Cwm Rhonda (ability within current workforce to flex up to 14 patients if required). Stroke Service Redesign programme reviewing workforce model and optimum patient pathway.

HW Inspections Recommendation Actions Tracker as at 20/10/2025
(For Quality, Safety and Experience Committee 18/11/2025)

Inspection Code	Inspection Date	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must work collaboratively with social workers and social care providers to ensure that delays in arranging or holding Best Interest Meetings are minimised, to ensure timely and effective hospital discharge for patients to improve flow.	Healthcare Inspectorate Wales (HWI)/2023/155/MD39/1	As part of the D2RA improvement programme, a task and finish group was set up to improve delays in the overall Mental Capacity Act process, including Best Interest meetings and associated Court of Protection proceedings. A training programme has been rolled out across social care and the Health Board. Delays are monitored through EWB and escalated as previously outlined. Timescales have been collaboratively agreed across health and social care of a 21 day maximum assessment period for Pathway 3 patients, which include MCA processes.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 - No update against this recommendation action has been received on this occasion. August 2025 Update - awaiting update from Primary & Community Care Group DM
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must develop and strengthen Home First services across Wales to benefit the people who need this across Wales, and to help manage the issues with patient flow through health and social care systems.	Healthcare Inspectorate Wales (HWI)/2023/155/MD40/1	Implementation of D2RA in CTM UHB has widely promoted the inclusion of Home First pathways. Awareness and engagement sessions have been held with nearly 500 staff. Key questions to increase uptake for Pathway 1 are included on board round guidance as well as guidance on selection of pathway. We continue to monitor the volume of home first pathways, with a balance to bed based pathways with the trend shown below (*table removed for AMAT purposes).	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - awaiting update from Primary & Community DM
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Welsh Government, health boards and local authorities must work collaboratively to consider the options of improving the accessibility to care in the community, such as domiciliary care.	Healthcare Inspectorate Wales (HWI)/2023/155/MD41/1	A targeted improvement plan has been created through the Integrated Discharge Delivery Board that also reports directly in the GGLUC board, the Integrated Adults and then into the Regional Partnership Board. Specific improvement has been identified for accessibility for intermediate care, domiciliary care and care homes. This action plan escalates activity highlighted through the market stability statement published by the region. A PuCD action plan addressing community delays has been collaboratively agreed with all partners. A work programme in line with WG guidance for Enhanced Community Care has been set up under an Integrated Director.	Unscheduled Care	01/04/2024	01/04/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - awaiting update from Primary & Community DM
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider their discharge lounge services and whether they are utilised efficiently and effectively to support timely discharge to improve patient flow.	Healthcare Inspectorate Wales (HWI)/2023/155/MD42/1	The USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges. Planned/predicted discharges are identified through the cross site bed meetings, in addition they form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required.	Unscheduled Care	01/01/2024	01/01/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Stroke inpatient services currently centralised at Royal Glamorgan Hospital. There is currently no discharge lounge at RGH but feasibility is being considered as part of patient flow / capacity discussions to support the ambulance handover performance targets. Potential requirement for capital investment and funding for specific workforce.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health board must identify the hospital sites that do not have a discharge lounge service and should consider the benefits of implementing this service on improving patient flow.	Healthcare Inspectorate Wales (HWI)/2023/155/MD43/1	As above, the USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges across our sites. Planned/predicted discharges are identified through the cross site bed meetings, in addition they form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required.	Unscheduled Care	01/01/2024	01/01/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Stroke inpatient services currently centralised at Royal Glamorgan Hospital. There is currently no discharge lounge at RGH but feasibility is being considered as part of patient flow / capacity discussions to support the ambulance handover performance targets. Potential requirement for capital investment and funding for specific workforce.
Healthcare Inspectorate Wales (HWI)/2023/155	07/09/2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must assure themselves that ward staff are promptly declaring a fully completed patient discharge within the electronic patient system once they have left the ward. This is to enable patient flow managers to see that a bed is become available, to help manage timely patient flow.	Healthcare Inspectorate Wales (HWI)/2023/155/MD44/1	The electronic Whiteboard developed under the 6 Goals programme allows the site management team to see when a discharge has completed. As part of ongoing investment to the system, there is an ambition for future versions to include a 'push report' that would notify the site team that a patient has been discharged.	Unscheduled Care	01/10/2024	01/10/2024	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update - Patient discharge manually updated on whiteboards by ward staff. Currently no progress with 'push report' functionality.
Healthcare Inspectorate Wales (HWI)/2023/167	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HWI)/2023/167/MD5/4	PCH is currently in the process of major construction works to remove and as part of this further applications for Welsh Government funding are being explored to support significant changes to the EU footprint. This will facilitate improved patient clinical area allowing for improved patient and staff experience.	Unscheduled Care	01/06/2024	31/12/2024	Overdue	October 2025 Update - capital work is still ongoing and PCH major construction works are continuing. Welsh Government funding continues to be explored, which will facilitate improved patient clinical areas allowing for improved patient and staff experience. June 2025 update - capital work is still ongoing and PCH major construction works are continuing. Welsh Government funding continues to be explored, which will facilitate improved patient clinical areas allowing for improved patient and staff experience.
Healthcare Inspectorate Wales (HWI)/2023/167	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HWI)/2023/167/MD5/6	CTM has implemented a pre-emptive transfer and boarding process to support patient flow, sharing the risk across inpatient areas allowing the de-escalation of risk held in ambulatory care. This reinforces that patient flow is a team approach across the site.	Unscheduled Care	01/04/2024	01/04/2024	Overdue	October 2025 Update - pre-emptive transfer and boarding process to support patient flow, sharing the risk across inpatient areas allowing the de-escalation of risk held in ambulatory care has been implemented. This reinforces that patient flow is a team approach across the site. The plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area are ongoing. Capital environmental works remain ongoing across the site. June 2025 Update - pre-emptive transfer and boarding process to support patient flow, sharing the risk across inpatient areas allowing the de-escalation of risk held in ambulatory care has been implemented. This reinforces that patient flow is a team approach across the site. The plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area are ongoing. Capital environmental works remain ongoing across the site.
Healthcare Inspectorate Wales (HWI)/2023/167	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HWI)/2023/167/MD5/7	We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area this will facilitate improved observation of patients within the area to ensure patient care and safety.	Unscheduled Care	01/09/2023	01/09/2023	Overdue	October 2025 Update - no change to action part of ongoing capital plans. We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area this will facilitate improved observation of patients within the area to ensure patient care and safety. June 2025 Update - part of ongoing capital plans - We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area this will facilitate improved observation of patients within the area to ensure patient care and safety.
Healthcare Inspectorate Wales (HWI)/2023/167	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HW with details of the action taken to improve staff compliance with Departmental Fire Safety (EUI) and Mental Capacity and DoLS (CDU) training.	Healthcare Inspectorate Wales (HWI)/2023/167/MD5/1	The Senior Nurse for Professional Education is key to progressing this agenda in EU and maintaining a database of training compliance and has developed a training needs analysis template. A plethora of study days, and protected study time for the inclusion of mandatory training and recovery of face to face study time has been provided. Ongoing training dates are in place with an improving picture which is monitored by the Nurse Director at bi-monthly workforce meeting. The Fire Officer has been undertaking bespoke training sessions for the PCH site weekly to improve compliance as part of the resetting post Covid-19 pandemic where training was unavailable as of Aug '23 fire training for staff is as follows:- ED-RN 72.85% HCSW 84% CDU-RN 97.50% HCSW 58.33%	Unscheduled Care	01/04/2024	01/04/2024	Overdue	October 2025 Update - ED Fire Training Compliance Registered Nurses - Department Training - RNs 94% and HCSWs 90% Classroom Training - RNs 90% and HCSWs 88% CDU (now AMU) Fire Training Compliance - RNs 100% and HCSWs 100% July 2025 Update - ED Fire Training Compliance Registered Nurses - 75.6% Health Care Support Workers - 69.0% CDU (now AMU) Fire Training Compliance Registered Nurses - 92% Health Care Support Workers - 96%
Healthcare Inspectorate Wales (HWI)/2023/167	31/07/2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HW with assurance Violence and Aggression, Mental Capacity and DoLS training compliance is effectively tracked for the EU.	Healthcare Inspectorate Wales (HWI)/2023/167/MD5/1	Monthly mandatory training study days and reports now include V & A, DoLS, medications management, safeguarding and MCA training and compliance. Mandatory training compliance is monitored during the 6 weekly Workforce and Business meetings; trends are monitored for improvements, where there is deterioration action plans are required. V&A compliance is recorded on the Mandatory Training database held by the Senior Nurse for professional Education.	Unscheduled Care	01/04/2024	01/04/2024	Overdue	October 2025 Update - Violence and aggression training compliance AMU - (Module A ESR) - RN - 100% HCSW - 100% Module B Classroom - RN 16% Hcs -10% Awaiting training dates from Violence and Aggression Training Teams MCA training compliance AMU RN - 59% HCSW - 87% Awaiting training dates from Training Teams MCA training compliance ED - RN - 48% HCSW - 80% Safeguarding training compliance AMU (Adult) - RNs -100% HCSWs -96% (children) RN -100% HCSWs - 89% Safeguarding training compliance ED (Adult) - RNs - 80% HCSWs -92% (children) RN - 94% HCSWs -89% July 2025 Update - Violence and aggression training compliance CDU (now named AMU) Registered Nurses -9.0% Health Care Support Workers - 0.0% Awaiting training dates from Violence and Aggression Training Teams Violence and aggression training compliance ED Registered Nurses - 75% Health Care Support workers - 76% MCA training compliance AMU Registered Nurses - 57% Health Care Support Workers - 92.5% MCA training compliance ED - Registered Nurses -57% Health Care Support workers - 92.5% Safeguarding training compliance AMU (Adult) Registered Nurses 52.7% Health Care Support Workers 100% (Children) Registered Nurses 96% Health Care Support Workers 93% Safeguarding training compliance ED (Adult) Registered Nurses 77% Health Care Support Workers 77% (Children) Registered Nurses 91% Health Care Support Workers 85%
Healthcare Inspectorate Wales (HWI)/2024/165	09/01/2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HWI)/2024/165/MD1/7	g)Working with finance colleagues to develop a new model for obstetric theatre nursing (releasing midwifery time).	Children & Families	01/02/2024	01/02/2024	Fully complete (Awaiting approval)	September 2025 verbal Update - Recently recruited a Birthrate plus midwife to commission a review of midwifery acuity and workforce requirements. Expecting a draft report in Autumn.
Healthcare Inspectorate Wales (HWI)/2024/165	09/01/2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HWI)/2024/165/MD1/10	j)Work with the Corporate Communications department to develop a Comms Recruitment strategy to demonstrate the benefits to attract staff to work in CTM UHB.	Children & Families	29/02/2024	29/02/2024	Fully complete (Awaiting approval)	September 2025 verbal Update - Through Streamlining events we have successfully recruited our commissioned streamlining places. Attracted students from Cardiff University as well as Swansea University. Another Cohort of midwives due to qualify in March 2026 and we are fully engaged in recruiting via Streamlining.
Healthcare Inspectorate Wales (HWI)/2024/166	09/01/2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes.	Healthcare Inspectorate Wales (HWI)/2024/166/MD11/6	Working with finance colleagues to develop a new model for obstetric theatre nursing (releasing midwifery time).	Children & Families	01/03/2024	01/03/2024	Partially complete (Overdue)	June, August, October 2025 Update - No update against this recommendation action has been received on these occasions. March 2025 Update - Meetings planned to revisit this work for PCH and PuW in March 2025.
Healthcare Inspectorate Wales (HWI)/2024/166	09/01/2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes.	Healthcare Inspectorate Wales (HWI)/2024/166/MD11/9	Work with the Corporate Communications department to develop a Comms Recruitment strategy to demonstrate the benefits of attracting staff to CTM UHB.	Children & Families	29/02/2024	29/02/2024	Partially complete (Overdue)	June, August, October 2025 Update - No update against this recommendation action has been received on these occasions. March 2025 Update - Mat-Neo services in PoW has now re-opened - Will revisit this work, contact made with recruitment to meet in April 2025.
Healthcare Inspectorate Wales (HWI)/2024/166	09/01/2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes.	Healthcare Inspectorate Wales (HWI)/2024/166/MD11/16	The team are working with the wider Health Board initiative to ensure maternity services are included as part of 'Safe to Start'.	Children & Families	12/01/2024	12/01/2024	Partially complete (Overdue)	June, August, October 2025 Update - No update against this recommendation action has been received on these occasions. March 2025 - There have been challenges with attendance in Safe to Start meetings during the PuW temp closure due to the acuity and timing of the sessions which clash with handover and essential safety briefings in maternity. This will be revisited in a meeting arranged for 25th 2025, Senior on-call midwifery managers attend daily and weekend site escalation meetings.
Healthcare Inspectorate Wales (HWI)/2024/235	11/11/2024	Hospital Inspection Report (Unannounced) Coily Clinic, Princess of Wales Hospital, Appendix C - Improvement Plan_13, 14 and 15 November 2024 (Ref: 03710)	5. The health board must develop a policy in line with best practice guidelines that ensures the safety, privacy, dignity and rights of patients can be maintained throughout the mixed gender wards as well as keeping patients of the same gender safe in dormitories.	Healthcare Inspectorate Wales (HWI)/2024/235/MD5/2	The Health Board has developed a Single Sex accommodation policy. The draft version is currently going through the Health Board's ratification process.	Mental Health & Learning Disabilities	30/04/2025	30/04/2025	Overdue	October 2025 Update - continue to be working towards the completion date of 31st October, being presented at OMB next month. August 2025 - revised date for completion is now 31st October 2025.
Healthcare Inspectorate Wales (HWI)/2024/235	13/11/2024	Hospital Inspection Report (Unannounced) Coily Clinic, Princess of Wales Hospital, Appendix C - Improvement Plan_13, 14 and 15 November 2024 (Ref: 03710)	7. The health board must develop a policy to provide guidance to staff regarding patients' use of electronic equipment, mobile phone devices and access to the internet.	Healthcare Inspectorate Wales (HWI)/2024/235/MD7/1	There is an all Wales Social Media Policy and a Health Board policy that supports use of mobile phones within hospital settings. Both policies are out of date. A request has been made to update the Health Board's policy.	Mental Health & Learning Disabilities	30/06/2025	30/06/2025	Overdue	October 2025 - continuing to be working towards completion date 31st October.
Healthcare Inspectorate Wales (HWI)/2025/241	27/01/2025	Appendix C - Improvement Plan_Ward 7, Ysbyty Cwm Cynon Hospital	9. The health board must ensure that a mental health pharmacist is allocated to the ward to support staff and patients.	Healthcare Inspectorate Wales (HWI)/2025/241/MD9/1	Pharmacy provision to form part of the wider strategic programme on Older Adult inpatient redesign work. The risk remains on the risk register with mitigation appropriately in place. The mitigation includes; Ysbyty Cwm Cynon pharmacy teams screen medication charts and supply medication to the wards and the Principle Pharmacist for Mental Health supports the ward on an ad hoc basis with reviewing medication indications.	Mental Health & Learning Disabilities	31/12/2025	31/12/2025	In progress	August, October 2025 Update - No update against this recommendation action has been received on these occasions. June 25 - Pharmacy provision to form part of the wider strategic programme on Older Adult inpatient redesign work, estimated 31/12/25
Healthcare Inspectorate Wales (HWI)/2025/241	27/01/2025	Appendix C - Improvement Plan_Ward 7, Ysbyty Cwm Cynon Hospital	11. The health board must ensure that a dietician is allocated to the ward to support staff and meet the needs of the patients.	Healthcare Inspectorate Wales (HWI)/2025/241/MD11/1	Dietetic provision to form part of wider strategic programme on Older Adult inpatient redesign work. The risk remains on the risk register with mitigation appropriately in place. Mitigation includes; all patients have a risk assessment which determines the level of risk. There is a scoring mechanism in place from 0-7+ based on nutritional risk. If the score is 7+ then the patient requires referral to Dietetic services. In this scenario the Advanced Nurse Practitioner (ANP) or Doctor also prescribe supplements, advise on diet plan and nursing staff would complete weekly weights.	Mental Health & Learning Disabilities	31/12/2025	31/12/2025	In progress	August, October 2025 Update - No update against this recommendation action has been received on these occasions. June 25 Dietetic provision to form part of wider strategic programme on Older Adult inpatient redesign work. Estimated 31/12/25

Inspection Code	Inspection Date	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HWI)/2025/241	27/01/2025	Appendix C - Improvement Plan, Ward 7, Ybely Cwm Cynon Hospital	12. The health board must ensure that policies are reviewed to ensure they are current.	Healthcare Inspectorate Wales (HWI)/2025/241/MD12/1	The policies identified within the inspection that were: Mental Health policies • Management of violence and behaviours that challenge, no review date (this has been completed) Corporate / Health Board policies • Health and safety policy, review date August 2024 • Consent to examination or treatment, review May 2024 • Policy for safe support and supervision of patients, review date October 2018 • PPE, review date March 2021 The Health Board is undertaking a policy review project this year with the scope and objectives as outlined below: Project Scope To undertake a robust review of Non-Clinical Written Control Documents within the Health Board in order to establish a baseline compliance figure. The review will also include a review of the "Policy on Policies", development of a new system to support robust policy management and a redesign of the Health Boards policy pages on its internal and external web pages. This review will focus on Non-Clinical Written Control Documents, however, at appropriate intervals there will be engagement with the Assistant Medical Director Quality & Clinical Effectiveness, who leads on Clinical Written Control Documents to ensure consistency and flow. Project Objectives: 1. To establish a baseline compliance position for Non-Clinical Written Control Documents 2. To ensure that Non-Clinical Written Control Documents are appropriately defined i.e. policy, procedure, guideline etc. 3. To explore an automated approach for the management of Written Control Documents to support monitoring, review prompts, version control and document storage. 4. To review the policy pages on the internal and external websites to ensure ease of access for users when searching for documents. To review the "Policy on Policies" and develop a simplified document supported with clear process maps.	Mental Health & Learning Disabilities	31/12/2025	31/12/2025	In progress	August, October 2025 Update - No update against this recommendation action has been received on these occasions. June 25 The policies identified within the inspection that were: Mental Health policies •Management of violence and behaviours that challenge, no review date (this has been completed) Corporate / Health Board policies •Health and safety policy, review date August 2024 •Consent to examination or treatment, review May 2024 •Policy for safe support and supervision of patients, review date October 2018 •PPE, review date March 2021 The Health Board is undertaking a policy review project this year with the scope and objectives as outlined below: Project Scope To undertake a robust review of Non-Clinical Written Control Documents within the Health Board in order to establish a baseline compliance figure. The review will also include a review of the "Policy on Policies", development of a new system to support robust policy management and a redesign of the Health Boards policy pages on its internal and external web pages. This review will focus on Non-Clinical Written Control Documents estimated 31/12/25
Healthcare Inspectorate Wales (HWI)/2025/241	27/01/2025	Appendix C - Improvement Plan, Ward 7, Ybely Cwm Cynon Hospital	13. The health board must review staffing levels to ensure they meet the demands of the patient group.	Healthcare Inspectorate Wales (HWI)/2025/241/MD13/1	It has been agreed that a priority for the Older Adult Mental Health Directorate is to complete a pan CTM inpatient redesign review which will scope a widespread multi-disciplinary establishment review.	Mental Health & Learning Disabilities	31/12/2025	31/12/2025	In progress	August, October 2025 Update - No update against this recommendation action has been received on these occasions. June 2025 Update - Estimated completion 31/12/25
Healthcare Inspectorate Wales (HWI)/2025/261	20/05/2025	Appendix B - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix C)	The employer must ensure that: •The current DRIs are reviewed immediately to ensure that they are appropriate.	Healthcare Inspectorate Wales (HWI)/2025/261/MD2/1	CTM DRG group to be set up to provide close monitoring of any optimisation required prior to ratification, acceptance and implementation of DRGs. The DRG group will feed into CTM image optimisation team and radiation safety committee.	Diagnostic, Therapies, Pharmacy and Specialities	05/06/2025	05/06/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion. August 2025 Update (20/08/2025) - Meeting scheduled for 22/7/2025 cancelled. Date of next meeting to be held in September (Date TRC)
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	1. The employer must ensure that document control measures are followed and the footer accurately reflects the date the document was created.	Healthcare Inspectorate Wales (HWI)/2025/264/MD2/2	Deputy Director of Allied Health Professions and Health Science, Corporate Development, outside of Radiation Safety Committee, will ratify EP.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - To be ratified in Radiation Safety Committee Friday October 24th.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	1. The employer must ensure that document control measures are followed and the footer accurately reflects the date the document was created.	Healthcare Inspectorate Wales (HWI)/2025/264/MD3/3	All amended EPs will be shared and acknowledgement of changes required and recorded. Amended EPs will be added to CTMUHB SharePoint.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - Will be added to SharePoint following ratification of document at Radiation Safety Committee 24th October.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	2. The employer must ensure that training and competency is evidenced prior to duty holder entitlement.	Healthcare Inspectorate Wales (HWI)/2025/264/MD2/2	Review existing practitioner and operator duty holders training and competency evidence. Ensure that practitioner and operator training and competency prior to entitlement is assessed for specific tasks e.g. Cardiologists practitioner training to justify imaging in theatre. Duty holder competency will be assessed by ongoing referral form audit i.e. accurate completion of request form; signature, adequate clinical information, date.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - Documentation ready for sign off, awaiting training records as evidence.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	3. The employer must ensure that the employer's procedure is updated to reflect the process of entitlement for the radiology clinical director.	Healthcare Inspectorate Wales (HWI)/2025/264/MD3/2	Deputy Director of Allied Health Professions and Health Science, Corporate Development, outside of Radiation Safety Committee, will ratify EP.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - To be ratified in Radiation Safety Committee Friday October 24th.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	3. The employer must ensure that the employer's procedure is updated to reflect the process of entitlement for the radiology clinical director.	Healthcare Inspectorate Wales (HWI)/2025/264/MD3/3	All amended EPs will be shared and acknowledgement of changes required and recorded. Amended EPs will be added to CTMUHB SharePoint.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - To be added to SharePoint following ratification at Radiation Safety Committee 24th October.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/1	PACS team to generate a list of individual external referrers with GMC numbers. Scoping work to commence internally and nationally re: practicable ways to issue entitlement to external referrers.	Diagnostic, Therapies, Pharmacy and Specialities	11/08/2025	11/08/2025	Fully complete (Awaiting approval)	October 2025 Update - Change of strategy - CEOs in other health boards entitled by CEO.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/2	CTMUHB employer's procedures will be available via the intranet to employers/referrers outside CTMUHB.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - PowerPoint sent to Web development for Radiology site to be added to CTMUHB internet page. Documents will then be added.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/3	Entitlement will be issued to external referrers in other health boards via email to indicate their duty holder roles and responsibilities, information on how to access referral guidelines, and how to make/amend/ cancel a referral.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - Documentation to be ratified October 24th in radiation safety committee.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/4	CTMUHB is leading a benchmarking exercise to understand the approaches in place across Wales. Discussion and escalation at national groups, with a view to developing an agreed All Wales approach.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Fully complete (Awaiting approval)	October 2025 Update - Discussed at All Wales Quality forum and Professional head group.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/5	Entitlement of external referrers will be an agenda item at the following groups: The All-Wales Imaging Quality Forum	Diagnostic, Therapies, Pharmacy and Specialities	03/09/2025	03/09/2025	Fully complete (Awaiting approval)	October 2025 Update - Discussed in September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	4. The employer must ensure referrers external to the health board are appropriately entitled as referrers and have access to the employer's procedures.	Healthcare Inspectorate Wales (HWI)/2025/264/MD4/6	Entitlement of external referrers will be an agenda item at the following groups: Radiography Professional Health Group	Diagnostic, Therapies, Pharmacy and Specialities	13/08/2025	13/08/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	6. The employer must ensure that the non-medical referrers who were clinically evaluating are appropriately entitled and that the entitlement is supported by relevant training and competency.	Healthcare Inspectorate Wales (HWI)/2025/264/MD6/2	Scope of practice for clinical evaluation and entitlement by Radiology CD will be sent to existing NMRs on receipt of evidence of training and competency. Policy for NMRs will be updated to include entitlement for clinical evaluation.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - Scope of practice sent. NMR policy to be updated.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	7. The employer must ensure that there is a better understanding and staff are clear of the separate role of the practitioner justifying the exposure and operator authorising under authorisation guidelines.	Healthcare Inspectorate Wales (HWI)/2025/264/MD7/2	Retrospective audit of CT forms justified by a Radiographer to ensure exposures have been justified appropriately.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - Discussion required as to audit approach.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	7. The employer must ensure that there is a better understanding and staff are clear of the separate role of the practitioner justifying the exposure and operator authorising under authorisation guidelines.	Healthcare Inspectorate Wales (HWI)/2025/264/MD7/3	To be discussed at CT modality user group meeting, pan-CTM to clarify justification or authorisation process for Radiographers.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - CTMUHB CT user group to meet November 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	7. The employer must ensure that there is a better understanding and staff are clear of the separate role of the practitioner justifying the exposure and operator authorising under authorisation guidelines.	Healthcare Inspectorate Wales (HWI)/2025/264/MD7/4	If authorisation as an operator is agreed, guidelines will be issued by an individually named practitioner.	Diagnostic, Therapies, Pharmacy and Specialities	31/10/2025	31/10/2025	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	8. The employer must ensure that individuals outside radiology performing practitioner and operator tasks are appropriately entitled. The entitlement should be underpinned with the appropriate training and competency.	Healthcare Inspectorate Wales (HWI)/2025/264/MD8/1	Review duty holder entitlement outside of Radiology. Identify any gaps and entitle, where appropriate, following confirmation of training and competency.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Partially complete (Overdue)	October 2025 Update - Documentation complete, awaiting evidence of training before entitlement sign off.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	11. The employer must ensure that: • All AMAT forms are completed fully to support robust audit • The clinical audit schedule includes the list of all scheduled audits, timeframes and frequency of audit and the individuals responsible for performing the audit and ensuring findings are actioned.	Healthcare Inspectorate Wales (HWI)/2025/264/MD12/1	Meet with clinical audit team, and radiology audit leads to ensure that all audits are registered on AMAT, and all documentation is complete. Ensure clinical audit schedule is updated to include timeframes, frequency of audit and responsible person for carrying out audit.	Diagnostic, Therapies, Pharmacy and Specialities	31/10/2025	31/10/2025	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	13. The employer must ensure that the: • Compliance targets for IRMER audits should be set at 100%, with robust analysis and appropriate reaudit within a specified timeframe • Scope of IRMER audits should be broadened to include clinical evaluation outside radiology.	Healthcare Inspectorate Wales (HWI)/2025/264/MD13/1	Review of observational and referral form compliance audit.	Diagnostic, Therapies, Pharmacy and Specialities	31/05/2025	31/05/2025	Fully complete (Awaiting approval)	October 2025 Update - Compliance targets have been set at 100%, action plans have been developed and a TEAMS channel created. Audit frequency has been changed from annual to bimonthly. Clinical evaluation audit outside Radiology has been added to IRMER audit schedule, and first one completed September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	13. The employer must ensure that the: • Compliance targets for IRMER audits should be set at 100%, with robust analysis and appropriate reaudit within a specified timeframe • Scope of IRMER audits should be broadened to include clinical evaluation outside radiology.	Healthcare Inspectorate Wales (HWI)/2025/264/MD13/2	Target for compliance set to 100%.	Diagnostic, Therapies, Pharmacy and Specialities	14/07/2025	14/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Compliance targets have been set at 100%, action plans have been developed and a TEAMS channel created. Audit frequency has been changed from annual to bimonthly. Clinical evaluation audit outside Radiology has been added to IRMER audit schedule, and first one completed September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	13. The employer must ensure that the: • Compliance targets for IRMER audits should be set at 100%, with robust analysis and appropriate reaudit within a specified timeframe • Scope of IRMER audits should be broadened to include clinical evaluation outside radiology.	Healthcare Inspectorate Wales (HWI)/2025/264/MD13/3	Observation and referral form audit will be added to AMAT system to ensure action plans in place, robust analysis and re-audit in an appropriate time frame.	Diagnostic, Therapies, Pharmacy and Specialities	31/10/2025	31/10/2025	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	13. The employer must ensure that the: • Compliance targets for IRMER audits should be set at 100%, with robust analysis and appropriate reaudit within a specified timeframe • Scope of IRMER audits should be broadened to include clinical evaluation outside radiology.	Healthcare Inspectorate Wales (HWI)/2025/264/MD13/4	Clinical evaluation audit outside Radiology to be added to IRMER schedule i.e., evidence of clinical evaluation documented within patient notes.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Fully complete (Awaiting approval)	October 2025 Update - Completed September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	13. The employer must ensure that the: • Compliance targets for IRMER audits should be set at 100%, with robust analysis and appropriate reaudit within a specified timeframe • Scope of IRMER audits should be broadened to include clinical evaluation outside radiology.	Healthcare Inspectorate Wales (HWI)/2025/264/MD13/5	Audit frequency changed from annual to every 2 months. Reaudit of areas that fall below 100% will take place as required.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Fully complete (Awaiting approval)	October 2025 - Compliance targets have been set at 100%, action plans have been developed and a TEAMS channel created. Audit frequency has been changed from annual to bimonthly. Clinical evaluation audit outside Radiology has been added to IRMER audit schedule, and first one completed September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	15. The employer must review the gaps in the QC records and the inconsistencies in baselines between the policy and manufacturer recommendations.	Healthcare Inspectorate Wales (HWI)/2025/264/MD15/2	Meeting with MPEs to review baselines and manufacturer recommendations. Will review policy and amend.	Diagnostic, Therapies, Pharmacy and Specialities	29/07/2025	29/07/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	15. The employer must ensure that the process to ensure that training records and the review of entitlement are checked at suitable intervals and evidenced appropriately.	Healthcare Inspectorate Wales (HWI)/2025/264/MD16/1	All training records and entitlement will be reviewed at personal development reviews. All staff that perform PORs will be reminded.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Partially complete (Overdue)	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	17. The employer must ensure clinical evaluations performed by individuals outside radiology are audited on a regular basis.	Healthcare Inspectorate Wales (HWI)/2025/264/MD17/1	Audit of orthopaedic follow up referrals to be implemented. IRMER audit schedule updated to include frequency.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Fully complete (Awaiting approval)	October 2025 Update - Audit completed September 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	18. The employer must ensure that staff are reminded of the intellectual task of justification and exposure and how this differs to authorising under authorisation guidelines.	Healthcare Inspectorate Wales (HWI)/2025/264/MD18/1	CPO session to be updated on changes to employers procedures to include the difference between justification and authorisation.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Overdue	October 2025 Update - To be scheduled.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	19. The employer must ensure that: • The NHS 'putting things right' leaflets are also available in Welsh in the reception (H&CCS - Communication and Language) • The department show they had learned and improved based on feedback received on a 'you said, we did' board or similar.	Healthcare Inspectorate Wales (HWI)/2025/264/MD19/1	Putting things right leaflets will be available in Welsh.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Fully complete (Awaiting approval)	October 2025 Update - Welsh version sent to site leads.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan, Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix B)	19. The employer must ensure that: • The NHS 'putting things right' leaflets are also available in Welsh in the reception (H&CCS - Communication and Language) • The department show they had learned and improved based on feedback received on a 'you said, we did' board or similar.	Healthcare Inspectorate Wales (HWI)/2025/264/MD19/2	Patient experience champions have been appointed on each site to support gathering of feedback.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Each site as an appointed patient experience champion.

Inspection Code	Inspection Date	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	19. The employer must ensure that: • The NHS 'putting things right' leaflets are also available in Welsh in the reception (IMCDS – Communication and Language) • The department show they had learned and improved based on feedback received on a 'you said, we did' board or similar.	Healthcare Inspectorate Wales (HWI)/2025/264/MD19/3	Feedback Friday to be implemented i.e., staff will actively ask patients to give feedback. Once feedback has been gathered 'you said, we did' board will be displayed.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Partially complete (Overdue)	October 2025 Update - Champions appointed - further engagement with front of house staff required.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	20. The department must continue to highlight the business case to the employer and ensure that a decision is made in a timely manner.	Healthcare Inspectorate Wales (HWI)/2025/264/MD20/1	A case has been submitted for additional radiography staff that supports the future workforce model and demand as part of the MTP investment priorities for 2025-26 across the sites. This will continue to remain the priority for Radiology. To date, no source of funding has been identified. Additional staff have been rostered out of hours at RGH temporarily while services from POW are temporarily relocated.	Diagnostic, Therapies, Pharmacy and Specialities	30/04/2026	30/04/2026	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	21. The health board is to inform HW of the actions taken to increase this percentage compliance.	Healthcare Inspectorate Wales (HWI)/2025/264/MD21/1	Action plan developed to support timely appraisals. Dates are pre-planned. There is a process for escalation should the expected date not be met.	Diagnostic, Therapies, Pharmacy and Specialities	31/12/2025	31/12/2025	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	21. The health board is to inform HW of the actions taken to increase this percentage compliance.	Healthcare Inspectorate Wales (HWI)/2025/264/MD21/2	Plan to have documented 1:1 interim meeting every three months to support staff with ongoing objectives and wellbeing.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Fully complete (Awaiting approval)	October 2025 Update - Plans in place as part on annual POR process - 3 monthly check ins to follow up.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	21. The health board is to inform HW of the actions taken to increase this percentage compliance.	Healthcare Inspectorate Wales (HWI)/2025/264/MD21/3	Quarterly modality/staff user groups re-established to support peer discussion around performance and development.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - First meetings have taken place to re-establish user groups - minutes available.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD21/1	There are processes in place to address the negative responses and concerns, including staffing. There are already reports of staff confirming that morale in the department is much improved during staff survey face to face discussions. Regular band 7 meetings and information sharing with the site superintendent is contributing to staff feeling more positive. CTMUH has appointed a Professional Head of Radiography in 2025 who has oversight of each Radiology department and is leading this work. A review of staffing and activity and demand is also underway on all sites to ensure equity and safe working practices.	Diagnostic, Therapies, Pharmacy and Specialities	31/08/2025	31/08/2025	Fully complete (Awaiting approval)	October 2025 - Staff survey roadshows allowing staff to speak up. Band 7 and 8 meetings established. Professional Head in post staffing reviewed.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/2	Staff training in CT have been assigned a mentor and the health board are supporting CT staff to attend external CT training courses to further enhance skills.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Mentors in place- one member of staff signed off, next trainee has started training. External CT course added by staff October 2025.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/3	Radiology has a newly appointed Quality manager in the team who is actively working with the national QSI improvement partner There is investment from the health board to promote and support this work.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Quality Manager in post. Access to QSI hub has been procured.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/4	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Re-establishment of modality user groups – promote team communication.	Diagnostic, Therapies, Pharmacy and Specialities	30/06/2025	30/06/2025	Fully complete (Awaiting approval)	October 2025 Update - Quarterly modality user groups re-established.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/5	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Leadership team development (AFFNA questionnaire and development days)	Diagnostic, Therapies, Pharmacy and Specialities	30/07/2025	30/07/2025	Fully complete (Awaiting approval)	October 2025 Update - AFFNA questionnaire complete - staff have met to share ideas. Site specific feedback given to site leads to share with modality leads.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/6	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Staff Newsletter	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Quarterly staff newsletter established.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/7	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Risk of patient safety huddles: share staffing levels, equipment issues, site concerns – opportunity for staff to voice concerns and feel involved and valued.	Diagnostic, Therapies, Pharmacy and Specialities	30/06/2025	30/06/2025	Fully complete (Awaiting approval)	October 2025 Update - Patient/staff safety huddles established on all sites.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/8	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Patient experience champions on all sites established.	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Fully complete (Awaiting approval)	October 2025 Update - Patient experience champions named on all sites
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/9	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Wellbeing champions to be established.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Partially complete (Overdue)	October 2025 Update - Scoped wellbeing champion role - staff to be appointed.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/10	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Radiology staff survey roadshow days at all sites. To discuss staff survey themes and listen to areas of concern and ideas for improvement.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Roadshows on all sites complete. Staff survey 'you said we did together' posters displayed on all sites.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/11	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Preceptorship programme to be developed for Band 7 team leaders.	Diagnostic, Therapies, Pharmacy and Specialities	31/12/2025	31/12/2025	In progress	October 2025 Update - No update against this recommendation action has been received on this occasion.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/12	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Head of Radiography to meet monthly with the Site & Superintendents. Communication to be cascaded down to the teams and staff to escalate concerns and suggestions up.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Band 8a and Band 7 meeting established on all sites.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	22. The health board is required to reflect on some of the less favourable responses from staff and inform HW of the actions it will take to address these.	Healthcare Inspectorate Wales (HWI)/2025/264/MD22/13	The Head of Radiography, Quality Team and Directorate Manager have been meeting and working with staff to assure and support in the following ways: Senior managers have developed a weekly roster across all sites to improve visibility.	Diagnostic, Therapies, Pharmacy and Specialities	31/05/2025	31/05/2025	Fully complete (Awaiting approval)	October 2025 Update - Senior managers rotate across CTMUH to improve visibility - weekly roster available.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	23. The health board must ensure that all staff receive duty of candour training.	Healthcare Inspectorate Wales (HWI)/2025/264/MD23/1	Source appropriate duty of candour training for staff i.e., e-learning	Diagnostic, Therapies, Pharmacy and Specialities	30/09/2025	30/09/2025	Fully complete (Awaiting approval)	October 2025 Update - ESR training available and will be discussed at POR.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	24. The health board is to inform HW of the actions they will take to ensure all patients have equal and fair access to the right health care at the right time, without fear of discrimination.	Healthcare Inspectorate Wales (HWI)/2025/264/MD24/1	All patients will be treated fairly and in turn in CTMUH – staff are trained to recognise patients' individual needs and to be always responsive. Staff meetings and PORs will provide opportunities to remind staff to be alert and sensitive to each service users' needs when they are visiting this service.	Diagnostic, Therapies, Pharmacy and Specialities	31/07/2025	31/07/2025	Fully complete (Awaiting approval)	October 2025 Update - Mandatory training regarding individual patient characteristics will be promoted via the staff newsletter and PORs.
Healthcare Inspectorate Wales (HWI)/2025/264	20/05/2025	Appendix C - Immediate Improvement Plan_Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HWI)/2025/261 Appendix 8)	24. The health board is to inform HW of the actions they will take to ensure all patients have equal and fair access to the right health care at the right time, without fear of discrimination.	Healthcare Inspectorate Wales (HWI)/2025/264/MD24/2	The Health board is actively looking at innovative ways to ensure all patients can access the right healthcare at the right time regardless of any protected characteristic. We will ensure all staff complete mandatory training modules by assigning a module of the month.	Diagnostic, Therapies, Pharmacy and Specialities	30/06/2025	30/06/2025	Fully complete (Awaiting approval)	October 2025 Update - Mandatory training regarding individual patient characteristics will be promoted via the staff newsletter and PORs.