



Agenda Item
4.6

Quality Safety and Outcomes Sub-Committee

Incidents and Concerns Report

Dyddiad y Cyfarfod / Date of Meeting	23/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter	Carole Bell, Director of Nursing and Quality Assurance
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing & Quality Assurance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
CVUHB	Cardiff and Vale University Health Board
EWN	Early Warning Notification
JCC	Joint Commissioning Committee
LD	Learning Disabilities
LTP	Listening to People
MTC	Major Trauma Centre

NRI	Nationally Reportable Incident
NWJCC	NHS Wales Joint Commissioning Committee
SBUHB	Swansea Bay University Health Board
SI	Serious Incident
VG	Vulnerable Groups
WAST	Welsh Ambulance Services University NHS Trust
WFI	Welsh Fertility Institute

1. SITUATION/BACKGROUND

This report provides an update on incidents, concerns, and complaints reported to the Joint Commissioning Committee (JCC) across Specialised Services, Mental Health, and Ambulance/111 services for the period 1 December 2025 to 31 January 2026.

The report summarises Nationally Reportable Incidents (NRIs), Serious Incidents (SIs) notified by NHS England, Early Warning Notifications (EWNs), open and closed incidents, complaints, and Ombudsman referrals. It also outlines governance arrangements for monitoring and learning.

2. SPECIFIC MATTERS FOR CONSIDERATION

During the reporting period, five new NRIs and one EWN were reported to the commissioning teams. Six new complaints were received, with no new Ombudsman referrals.

Key risks identified relate to communication failures, safeguarding concerns, and clinical pathway delays. All incidents are under investigation, with assurance processes in place through commissioning oversight and provider governance structures.

2.1 New Nationally Reportable Incidents (NRIs)

Four NRIs and one EWN were reported during the period. These incidents relate to, safeguarding, oncology, neurosurgery pathway delays, trauma surgery, and cryogenic storage temperature excursions.

Each incident is subject to provider-led investigation, with oversight by the relevant commissioning team and escalation through established governance routes.

Date reported and classification	Commissioning Team	Brief Description
26/01/2026 NRI	Neuro-Sciences	Alleged safeguarding incident at the Walton hospital

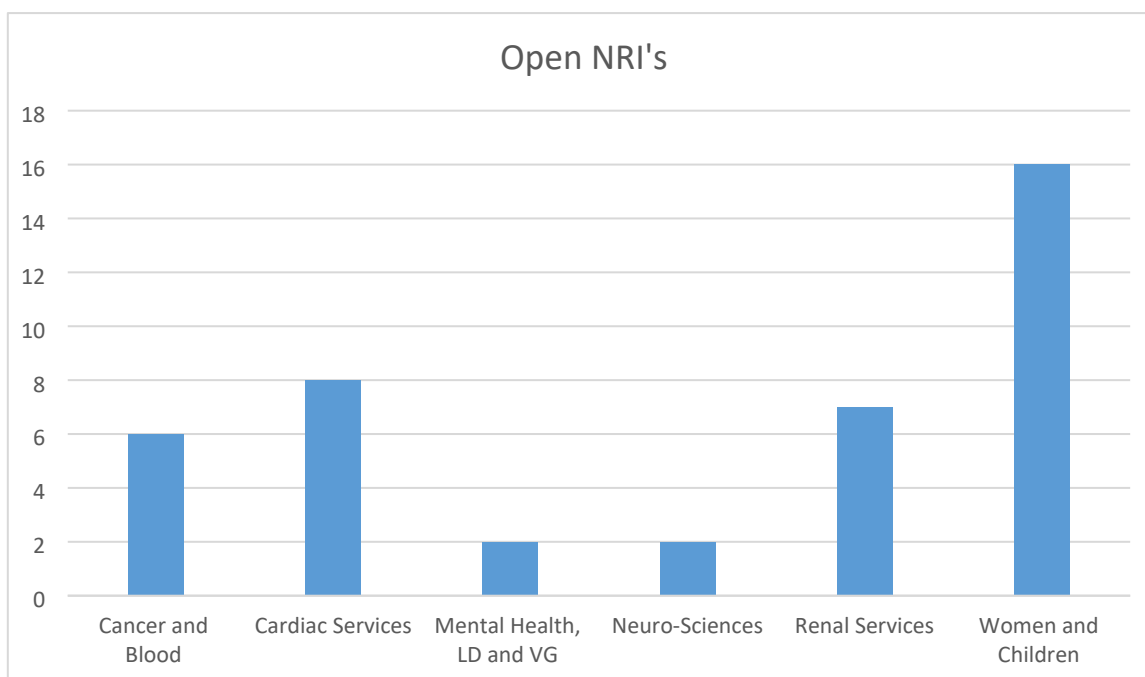
16/01/2026 NRI	Neuro-Sciences	A SBUHB spina bifida patient awaiting complex surgery did not receive MRI results or a planned follow-up from CVUHB. A year later, they were found to have metastatic cancer and are now receiving palliative (comfort) care.
16/01/2026 NRI	MTC	A patient who sustained a stabbing injury and had confirmed intra-abdominal bleeding, was not placed in the cruciform position, as stated in the damage control surgery protocol. The patient sadly died.
16/01/2026 NRI	Cancer & Blood	CVUHB have been notified of a temperature excursion affecting stored material within the external cryogenic storage facility.
15/01/2026 EWN	Women and Children	A chest x-ray undertaken on a 3-month-old inpatient identified two healing rib fractures, likely due to a recent respiratory illness but requires further investigation.

In addition, the Weekly Patient Safety Briefing Report published by NHS Wales Performance and Improvement is utilised by the NWJCC to cross-reference and triangulate reportable incidents. Alongside the incidents described above, a further nine Nationally Reportable Incidents (NRIs) were identified relating to the Welsh Ambulance Services University NHS Trust (WAST) and inappropriate call assignment. These incidents may represent a contributory factor to patient harm and warrant further review and assurance.

NWJCC is working closely with NHS Wales Performance and Improvement and WAST to further understand the issues identified and to clarify the assurance and process requirements expected of WAST. This includes reviewing current call triage and assignment processes, identifying any gaps in controls or escalation pathways, and agreeing actions to strengthen oversight and mitigate the risk of patient harm. Further updates will be provided as assurance is developed and reporting mechanisms agreed.

2.2 Open Incident Log

Several NRIs remain open. Delays in closure are primarily due to ongoing provider investigations and governance processes. Commissioning teams maintain regular contact with providers and monitor progress through assurance meetings and incident tracking logs.



2.3 Closed Incidents

During the reporting period, NWJCC received four incident closure forms from providers. These were reviewed by the relevant commissioning teams, who confirmed they were assured that each incident had been appropriately investigated. The outcomes, actions, and learning identified have been noted and will be monitored as part of ongoing commissioning and quality assurance processes.

2.4 Complaints

The table below summarises current open complaints, complaints closed during the reporting period, and new complaints received.

Date Received	Status	Brief Description
19/08/2025 re-opened 28/10/25	Open	Patient refused treatment in WFI, case reviewed in light of recent legal advice
20/01/2026	Open	Welsh Gender Service complaint of an alleged incorrect procedure following a referral to Nuffield
21/11/2025	Closed 12/12/25	Welsh Gender Service concern raised by relative without consent of patient
31/12/2025	Closed 09/01/26	PET Scanner issues out of commissioning impacting on cancer care, BCUHB also received concern and a co-ordinated response has been sent, the patient has now received the scan

2.5 Ombudsman

No new referrals to the Public Services Ombudsman for Wales were received during this reporting period.

2.6 Listening to People

The NWJCC is well represented on the National Operational Delivery Group and we are actively engaged with national and regional quality leads across NHS Wales to ensure alignment with the Listening to People (LTP) framework and associated regulatory requirements. We are committed to maintaining oversight of the implementation of the National Health Service Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011, as amended in 2023 and 2025, including the Statutory Duty of Candour.

We are assured that organisational processes are aligned to the LTP framework, which provides a single, whole-system approach for managing concerns, complaints and patient safety incidents across NHS-funded care in Wales. We continue to ensure that systems are in place to support timely, transparent and compassionate responses to concerns, with clear mechanisms for learning and service improvement.

Ongoing engagement with national colleagues supports consistent implementation, shared learning and assurance that improvements in quality and patient safety are delivered in line with regulatory expectations.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
	If more than one applies please list below: Improve Equity and population health
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i>	Learning, Improvement & Research
	If more than one applies please list below: Leadership

Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe If more than one applies please list below: Efficient Effective Equitable Person Centred Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Assessed as part of health board process
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Individual Equality Impact Assessments are carried out as necessary and can be requested.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATIONS

The members of the Quality Safety and Outcomes Sub Committee are asked to:

- **Note** the report; and
- Receive the report for **assurance**.