

Minutes of the Clinical Diagnostics and Therapeutics Clinical Board Quality, Safety and Patient Experience Sub-Committee

Held on 24th June 2026

Present:		
Helen Luton (Chair)	HL	Director of Nursing/Multi Professional Teams
Gemma Taylor	GT	Nurse Advisor for Medicines Management
Jo Fleming	JF	Quality Lead, Radiology
Kim Atkinson	KA	Clinical Director of Allied Health Professions
Suzanne Rees	SR	Lead Nurse for CD&T
Melissa Melling	MM	Head of Medical Illustration
Sian Jones	SJ	Directorate Manager, Laboratory Services
Paul Williams	PW	Clinical Scientist, Ultrasound, Medical Physics
Sion O'Keefe	SO	Head of Business Development/ Directorate Manager of Outpatients/Patient Administration
Seetal Sall	SS	Point of Care Testing Manager
Jane James	JJ	Phlebotomy Manager
George Oliver	GO	Physiotherapy Service Lead, Physiotherapy
Debra Woolf	DW	Sister, Outpatients
Jonathan Davies	JDa	Health and Safety Adviser
Emma Holmes	EH	Head of Nutrition and Dietetics
Holly Sneddon	HS	Deputy General Manager, RMPCE
Rhys Morris	RM	CD&T R&D Lead/Director of MPCE
Secretariat:		
Helen Jenkins	HJ	Business Support Manager
Apologies:		
Adam Christian	ACh	Clinical Board Director
Sarah Lloyd	SL	Director of Operations
Alison Lewis	AL	Patient Safety Coordinator
Susan Beer	SB	Public Health Wales Representative
Alicia Christopher	AC	Interim Deputy Director of Operations
Sue Lawless	SLa	Laboratory Service Manager, Haematology
Amy Wlaznik	AW	QSE Lead, PIER Services
Zara Ahmed	ZA	Clinical Effectiveness Facilitator
Edward Chapman	EC	Head of Clinical Engineering/ Medical Devices Officer/Assistant Director of Therapies and Health Sciences
Scott Gable	SG	Laboratory Service Manager, Cellular Pathology
Elaine Lewis	EL	General Manager, Pharmacy
Keeley Baker	KBa	Head of Health Records
Ruth Lang	RL	Office Manager, AWTTC
Jamie Williams	JW	Senior Nurse, Radiology
Bill Salter	BS	Lead Staff Representative
Yvonne Hyde	YH	IP&C Team Representative
Timothy Banner	TB	Clinical Director, Pharmacy
Nigel Roberts	NR	Laboratory Service Manager, Biochemistry
Samantha Davies	SD	Radiographer, Radiology Department

Item No	Agenda Item	Action
PRELIMINARIES		
CDTQSE 26/169	Welcome & Introductions HL welcomed everyone to the meeting. She noted that the UHB is currently in a status of business continuity and it was agreed that whilst today's meeting will go ahead it would be shortened.	
CDTQSE 26/170	Apologies for Absence Apologies for absence were noted.	
CDTQSE 26/171	Minutes of the previous meeting 19th May 2026 The Group resolved that: a) The minutes of the previous meeting were accepted as an accurate record.	
CDTQSE 26/172	Matters Arising/Action Log The group resolved that: a) The actions from the previous meeting will be deferred until the next meeting.	
CDTQSE 26/173	Terms of Reference Review The Group to review the terms of reference document and submit any comments by next week. HL has some minor amendments to reflect the changes in how Clinical Boards submit minutes and a highlight report to the UHB QSE Committee. The final version of the terms of reference will be shared at the next meeting.	All HL HJ
6 DOMAINS OF QUALITY		
SAFE		
CDTQSE 26/174	Concerns and Compliments Report In May 2026, the Clinical Board received 51 concerns; 9 formal and 42 to be resolved through early resolution. There were 4 breaches in response timeframes and 3 compliments were received. The top 3 themes of concerns received to date are: Difficulties cancelling/arranging appointments (25%) Waiting times (17%) Concern with clinical treatment (12%) The top 3 themes of compliments received to date are; Positive patient experience (45%)	

	Excellent clinical treatment (27%) Efficient service (18%) The Group resolved that: a) The concerns report was noted.	
CDTQSE 26/175	National Reportable Incidents The open NRI report was circulated to the group. Cellpath Progress Against Actions from their NRI Improvement Plans Item deferred to the next meeting. The Group resolved that: a) The NRI report was noted.	
CDTQSE 26/176	Duty of Candour Cases/Claims/LFERs The Group resolved that: a) There were no updates to report.	
CDTQSE 26/177	Risk Register Updates JF reported that following the implementation of the new RISP system, variation has been noted in some of the Radiology processes. As a result, she is drafting a risk assessment of the 3 critical risks identified. One critical risk relates to reports not being viewable from the PACS system onto the RIS system and then subsequently to WCP and CAV Portal. This is a significant risk as the majority of clinicians are use WCP or CAV Portal to view reports and Radiology are not always aware when the reports have not been received onto those systems. The second critical issue relates to image quality of the PACS application, particularly in relation to plain film, whereby the application has significantly compressed image quality that is not of diagnostic quality. The expectation within the project was that the application accessible to clinicians would be of diagnostic quality. The third critical issue relates to perfusion imaging whereby the PACS system is not loading the imaging in the correct format, making the imaging unusable for interpretation. The Group resolved that: a) The issues are being raised via the RISP Programme Board.	

CDTQSE 26/178	Patient Safety Alerts PSA20 Harm from incorrect recording of a penicillin allergy as a penicillamine allergy. The work relating to this Safety Notice has now been completed. ISN 2026 002 ChloroPrep Applicator Recall Circulated for information. Safety Alert Re Shortage of Adrenaline Pre-filled Syringes for Anaphylaxis Circulated for information. Helen Luton noted that she has received a Field Safety Notice relating to a Godell Airway product recall and will circulate to the group. The Group resolved that: a) The safety notices were received and noted.	HJ
CDTQSE 26/179	Medical Device/Equipment Risks The Group resolved that: a) EC was not present to provide an update on other medical device and equipment issues.	
26/180	Point of Care Testing The Group resolved that: a) SS had no updates to report.	
CDTQSE 26/181	IP&C/ Decontamination Issues SR provided feedback from the UHB IPC Group. The MRSA risk rates are increasing. Spot checks have been undertaken against Bare Below the Elbow and compliance is poor across the UHB. She agreed to flag this particularly amongst the AHP Group of staff. Peer reviews are to be undertaken where individuals from alternate areas will be undertaken IPC spot checks. The Group resolved that: a) The IPC and decontamination updates were noted.	

CDTQSE 26/182	Update from Clinical Safety Groups	
	JF attended the Radiation Protection Group. Discussion was held around where departments store their employee procedures and how these are accessible to referring clinicians. Difficulties were noted around having them accessible to referring clinicians outside of NHS Wales as placing them on the UHB internet site requires Welsh translation and this can be challenging in terms of updates being made to the documents. Discussions were also held around entitlement of referrers from other Health Boards. Referrals are only accepted from medical staff due to the complexities of non-medical referrers (NMRs), as each NMR will have a specific scope of practice, which the Health Board may not be cited on. It was noted that no Health Boards in Wales accept cross-border NMR referrals at present. GT attends the Medical Gas Safety Group. There is an issue relating to the Welsh Health Circular issued due to Regulation 28 whereby anyone that uses, administers or transports oxygen or any medical gas must undertake the module training on ESR as mandatory. However, this is a risk as it is not a mandatory training module on ESR, as it is not relevant to all staff. A meeting is being arranged with the Education and OD team to discuss how this module can be mandated. The Medical Gas Safety Policy is currently out to consultation. GT to submit the policy to this group for information when ratified. The Group resolved that: a) It was noted that some of the Clinical Safety Groups are only relevant to certain departments within the Clinical Board. It was agreed that any specific discussions from Clinical Safety Groups that are relevant for noting as they apply to areas within this Clinical Board, will be brought to this meeting.	GT
CDTQSE 26/183	Safeguarding /Consent Issues	
	HL will send KA and JF the 'Was Not Brought' documents. Further level 3 training places are currently available for the next 12 months. HL will ask Pippa Johnson to present the mental capacity case at a future meeting. The Safeguarding team are looking for any volunteers that might be interested in joining a task and finish group on the basis of the Baroness Casey and the Foden Inquiries.	HL HL

	Prevent training will be available on ESR shortly and the Section 5 section of the Safeguarding procedures has been updated and a training e-module is at the planning stage around Section 5. The Group resolved that: a) The Safeguarding updates were noted.	
CDTQSE 26/184	Health and Safety/Staff Wellbeing JD reported that the Occupational Health and Safety Group was held on 9th June. Discussions were held on mandatory training compliance and estates issues. A list of fit testers was circulated for updates prior to being placed on the SharePoint page. A discussion was held on noise monitoring. There is significant contractor activity at UHL at present and complaints have been raised relating to the noise and dust. JD offered to revisit any areas affected and request that contractors work in a considerate manner. A key issue at present relates to thermal comfort and the Health and Safety team can offer support and advice. The Health and Safety Team have an audit tool for conducting Health and Safety audits and can support any teams in identifying any gaps. The Fire Safety Officer has offered support for any teams having difficulties with updating the Fire Risk Assessment System as teams are completing actions but are unable to update the system. JD will circulate clarification around actions needed by Estates Team. HL noted that fire training drop-in sessions are planned in July at UHL. The Group resolved that: a) The health and safety updates were noted.	JD
CDTQSE 26/185	Regulatory Compliance The MHRA inspected Blood Transfusion this week. SJ noted that the team received good feedback and acknowledged their efforts. Work had been undertaken earlier in the year to improve the metrics steadily to reach a good position. The department received 0 Critical non-conformances and is likely to receive 1 Major non-conformance.	

	The Group resolved that: a) The updates around regulatory compliance was noted.	
TIMELY		
CDTQSE 26/186	Waiting Times Performance The Group resolved that: a) Waiting times performance is monitored and discussed in detail in the directorate performance review meetings.	
EFFECTIVE		
CDTQSE 26/187	Feedback from UHB QSE Committee The minutes from the meeting held on 14th April 2026 were circulated. A discussion was held on prevention of future deaths, in terms of acting on abnormal B12 results. An update was provided from the EPMA team. An update was also provided on the Equity, Equality, Experience and Patient Safety Action Plan. Feedback was provided from the JACIE Inspection which includes the Stem Cell laboratory. Discussion was held on the targeted intervention and the de-escalation criteria. The group resolved that: a) The update from the UHB QSE Committee was noted.	
CDTQSE 26/187	Research and Development RM reported that the Health Board Research Management Board meeting was held last week. There will be a new 150-day metric for trials set up to first recruitment, however there will be some flexibility for those trials that are not expected to recruit very quickly. Training is available for Florence, which is the new electronic system for research documents, which moves away from a paper-based system. The membership of the group will be extended to include Directorate Managers. The Group resolved that: a) The R&D update was noted.	

CDTQSE 26/188	Service Improvement Initiatives The Group resolved that: a) The item was not discussed.	
CDTQSE 26/189	Information Governance/Data Quality The Group resolved that: a) This item was not discussed.	
CDTQSE 26/190	HIW/Llais Reports and Improvement Plans The Group resolved that: a) There were no HIW/Llais reports received.	
CDTQSE 26/191	Policies, Procedures and Guidance (including NICE Guidance) Non-Medical Referral Process Review GO presented the procedure and risk assessment documentation which were developed with the Radiology team. The documents have been signed off by the Therapies QSE Group and were submitted to this group for ratification. Following changes to the MSK imaging pathway in 2021, responsibility for requesting the majority of MSK imaging moved from GPs to physiotherapists, contributing to a significant reduction in GP referrals to radiology. As part of the revised pathway, radiology initially undertook responsibility for escalating urgent or incidental non-MSK findings directly to the appropriate GP or medical team to ensure timely follow-up. However, over subsequent years it became apparent that this approach could not be applied consistently and was not sustainable from a radiology perspective. A revised process has therefore been developed following discussions between Physiotherapy and Radiology. Under the new arrangements, radiologists will continue to take direct responsibility for escalating any time-critical urgent incidental findings to the appropriate medical team, regardless of whether reporting takes place in or out of hours. Other urgent incidental findings will no longer be escalated directly by reporting radiologists. Instead, these findings will be reported through normal reporting mechanisms and copied to a generic email inbox monitored by the physiotherapy triage team, who will be responsible for ensuring appropriate follow-up action is taken. There are associated risks of the new process, including the potential for a delay of up to seven days before some urgent	

	incidental findings are actioned due to the service operating Monday to Friday. It was also recognised that the revised process does not fully meet Royal College of Radiologists guidance regarding 24-hour contact with the senior reporting clinician. Following discussions with AC and AdC, it was agreed that these risks were understood and considered proportionate to the low likelihood of this occurring from an image request around a likely MSK presentation. A further proposed change is that radiologists will no longer use physiotherapy non-medical referrer (NMR) codes for additional imaging. This practice has previously created issues where imaging was requested outside the physiotherapist's scope of practice and without the knowledge of either the physiotherapist or the patient, raising concerns regarding consent, following up imaging and awareness of pending results. Whilst this change may result in some delays to additional imaging requests, it was agreed that this risk is outweighed by the need to ensure requests are made within scope of practice and with appropriate patient consent and clinical oversight. The Group resolved that: a) The Clinical Board approved the new process. Subject to approval, the next steps are for Physiotherapy to work with Radiology to update the physiotherapy NMR documentation. b) An implementation date needs to be agreed for Radiology to resume the sign off process for physiotherapy NMRs which has been paused since February.	
EFFICIENT		
CDTQSE 26/192	Feedback from Directorate QSE Meetings The Group resolved that: a) There were no issues to escalate.	
CDTQSE 26/193	Clinical/Internal Audits The Group resolved that: a) This item was not discussed.	
CDTQSE 26/194	Sustainability The Group resolved that: a) This item was not discussed.	

EQUITABLE		
CDTQSE 26/195	Equality, Diversity and Inclusion Issues/ Inclusion Ambassadors Update The Group resolved that: a) This item was not discussed.	
PERSON CENTRED		
CDTQSE 26/196	Patient Story JJ presented a patient story from the Phlebotomy Service involving a wrong blood in tube (WBIT) incident which was recorded on Datix incident no 106943. The incident occurred on A6 ward and involved two patients on the ward with the same name where both patients required blood tests on the same day. Blood samples were taken from one of the patients using both patients' request forms. The error was identified when the family of the other patient queried why clinicians already had blood results despite the patient not having had blood taken. The patient confirmed he had been off the ward at the time of the phlebotomy round. Immediate actions were taken by the clinical team, including apologising to both patients and their families, checking patient identification bands, arranging for the correct patient to have blood taken, and notifying the laboratory so that the incorrect results could be removed from the affected patient's record. The incident was reported via Datix and referred to the Phlebotomy Service for investigation. The investigation found that the phlebotomist had used the ward bed board to allocate bed numbers to request forms and failed to recognise that there were two patients with the same name on the ward. Both forms were incorrectly labelled as the same bed, leading to the phlebotomist attending the wrong patient. It was also identified that the phlebotomist was familiar with one of the patients through previous interactions and personal knowledge, which may have contributed to assumptions being made during the identification process. During blood collection, only one request form was effectively checked against the patient's details and differences in date of birth, address and name spelling were not identified. Positive patient identification procedures were not followed in line with the departmental SOP. The investigation highlighted that the practice of bed numbering, although not part of formal training, has been a	

	contributory factor in several recent WBIT incidents. It was also noted that similar or identical patient names continue to present a significant risk if full identification checks are not completed. As a result, the phlebotomist underwent further observation and competency assessment, reviewed training on positive patient identification and completed reflective learning. The department will continue to monitor incidents and any further WBIT incidents involving the individual within the next 12 months will trigger further escalation. A department-wide reminder was also issued reinforcing that bed numbers must not be used as a form of patient identification and emphasising the importance of strict adherence to positive patient identification procedures, particularly where patients have the same or similar names. No patient harm occurred, but the incident highlighted the significant risks associated with failures in patient identification processes. The Group resolved that: a) On some wards flags are used on patient boards as a warning that there is another patient on the ward with the same name. GT will investigate further on where this is in place. b) Medical Illustration can produce stickers that can be used as a marker on paperwork to highlight patients with the same name. c) It was noted that patient ID errors can affect every area and with more scanning functionality becoming available this will hopefully reduce the numbers of errors.	GT
CDTQSE 26/197	Patient Experience Feedback The Group resolved that: a) This item was not discussed.	
CDTQSE 26/198	Internal/External Awards The Group resolved that: a) This item was not discussed.	
CDTQSE 26/199	Good News Stories The Group resolved that:	

	a) There were no other good news stories to share.	
ITEMS TO RECEIVE/NOTE FOR INFORMATION		
CDTQSE 26/200	There were no items for receiving.	
ANY OTHER BUSINESS		
CDTQSE 26/201	Nothing further to report.	
CDTQSE 26/202	Date & Time of Next Meeting The next meeting will be held on 22 nd July 2026 at 10am via Teams.	