

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

Held on 22nd July 2026

Present:		
Helen Luton (Chair)	HL	Director of Nursing/Multi Professional Teams
Sarah Lloyd	SL	Director of Operations
Alicia Christopher	AC	Interim Deputy Director of Operations
Seetal Sall	SS	Point of Care Testing Manager
Melissa Melling	MM	Head of Medical Illustration
Jo Fleming	JF	Quality Lead, Radiology
Gemma Taylor	GT	Nurse Advisor for Medicines Management
Hadas Reshef	HR	Head of Occupational Therapy
Kyle Rees	KR	General Manager Radiology/PIER Services
Jonathan Davies	JD	Health and Safety Adviser
Sion O'Keefe	SO	Head of Business Development/ Directorate Manager of Outpatients/Patient Administration
Alison Lewis	AL	Patient Safety Coordinator
Debra Woolf	DW	Sister, Outpatients
Samantha Davies	SD	Radiographer, Radiology Department
Holly Sneddon	HS	Deputy General Manager, RMPCE
Rhys Morris	RM	CD&T R&D Lead/Director of MPCE
Susan Beer	SB	Public Health Wales Representative
Julia Dinley	JDi	Head of Speech and Language Therapy
Sarah Clements	SC	Head of Adult Speech and Language Therapy
Vicky Cummings	VC	Automated Haematology Laboratory Manager
Secretariat:		
Helen Jenkins	HJ	Business Support Manager
Apologies:		
Adam Christian	ACH	Clinical Board Director
Kim Atkinson	KA	Clinical Director of Allied Health Professions
Suzanne Rees	SR	Lead Nurse for CD&T
Sian Jones	SJ	Directorate Manager, Laboratory Services
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

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	<i>CDTQSE 26/196 Flags on Patient Boards</i> Gemma Taylor to investigate what wards are using flags on patient boards to identify that there are 2 patients with the same name. The group resolved that: a) The update on the outstanding actions from the previous meeting were noted.	GT
6 DOMAINS OF QUALITY		
SAFE		
CDTQSE 26/207	Concerns and Compliments Report In June 2026, the Clinical Board received 70 concerns, 7 formal and 63 to be resolved through early resolution. There were 3 breaches in response times and 2 compliments were received. The top 3 themes of concerns received to date are: • Difficulties cancelling/arranging appointments • Waiting times • Communication issues The top 3 themes of compliments received are: • Positive patient experience • Excellent clinical treatment • Efficient service The Group resolved that: a) The number of concerns being received by the Clinical Board are increasing and this is also the case across the Health Board.	
CDTQSE 26/208	National Reportable Incidents The NRI that occurred in Stem Cell relating to the temperature excursion is now closed. HL will ask the team to present this at a future meeting. The Clinical Board has 4 new NRIs. 3 relate to Radiology and 1 within Dietetics. These incidents are also linked to other Clinical Boards. The Group resolved that: a) Feedback from the new NRIs will be presented when the investigations are closed.	HL
CDTQSE 26/209	Duty of Candour Cases/Claims/LFERs HL reported work is being undertaken corporately to look at the number of open Datix incidents and open duty of candour cases. The report will be circulated to Directors of Nursing.	

	HL requested that for the September meeting, directorates are to present their number of open incidents rated moderate or above. Not all of these cases will meet duty of candour as there will be staff incidents or other incidents that have not resulted in patient harm. However, they are currently open and need to be closed out. In addition to the open cases rated as moderate, there is a long tail of open incidents that are several years old that also need to be closed. AL commented that incident managers sometimes rate incidents as moderate but do not provide any justification as to why they believe moderate harm occurred. She offered to provide support to any incident managers on management reviews if needed. The Group resolved that: a) AL and HL will provide support to directorates if needed.	All
CDTQSE 26/210	Risk Register Updates HL has met with some directorates to review their risk registers. Directorates need to review and update their risks on AMAT, particularly the scores of their risks and whether they accurately reflect the current position. Also, any risks that are no longer applicable need to be closed. The Group resolved that: a) The highest scoring risks for the Clinical Board are discussed in Executive Performance Reviews. b) c) The Senior Leadership Team will be reviewing the UHB's top scoring risks at a forthcoming meeting.	All
CDTQSE 26/211	Patient Safety Alerts ISN 2026 003 Incorrect use of the EPMA duration field can stop medicines prematurely This alert is being led by Pharmacy and circulated for information. ISN 2026 004 Philips Vue Motion PACS – default setting displays reduced quality, non-diagnostic imaging This alert is being led by Radiology and circulated for information. The Group resolved that: a) The safety notices were received and noted.	

CDTQSE 26/212	Medical Device/Equipment Risks JF noted that a product recall notice was received in Radiology relation to a duodenum scope. JW has isolated the relevant products and awaiting replacement. The Group resolved that: a) The update relating to medical devices/equipment risks were noted.	
26/213	Point of Care Testing SS noted that the POCT service has engaged with the Safe at Home service as the team are looking to implement 2 handheld devices to monitor blood gas in the community. The Group resolved that: a) The Point of Care Testing update was noted.	
CDTQSE 26/214	IP&C/ Decontamination Issues HL shared a link to a patient story that shares the effect a hospital acquired infection on a patient and their family. Recent Bare Below the Elbow audits undertaken on wards have indicated poor practice. There are currently 2 outbreaks in UHL and a challenging outbreak on T4 linked to an organism that is only resistant to 1 antibiotic and this antibiotic is toxic. There are forthcoming changes to transmission precautions and an open session webinar will be held on 11th August. The Group resolved that: a) HL will forward the link to the webinar when it becomes available.	HL
CDTQSE 26/215	Update from Clinical Safety Groups The Group resolved that: a) There were no issues to feedback that are relevant to this group.	
CDTQSE 26/216	Safeguarding /Consent Issues There has been a reduction in compliance against the safeguarding mandatory training modules and directorates were tasked to look at improving their compliance rates.	

	There has been an increase in MARS referrals and HL is looking to understand if this is due to improved reporting or duplicate reporting. All Wales guidance, 'Was Not Brought' has been shared and work is being undertaken by the Safeguarding team to standardise the process across the Health Board. HL shared a review document that was presented at the Safeguarding Group for information. This case related to a patient that passed away after an acute deterioration. On review, the patient had been known to healthcare since childhood and there were missed opportunities for the Health Board to have intervened. The Group resolved that: a) The Safeguarding updates were noted.	
CDTQSE 26/217	Health and Safety/Staff Wellbeing HL reported that lengthy discussions were held at the Clinical Board Health and Safety on the difficulties working in the heat. Vascular ultrasound is an area of particular concern where staff were becoming unwell. JD visited the department and air conditioning units have been procured but there is a lead time of 6 weeks. The Health and Safety team have advised that going forward the Tendable system will be used in the UHB for recording workplace inspections. Feedback was received from the Electrical Safety Group and the dates for Operation POET will be: UHW 14th October 2026 – PM UHL 15th September 2026 – PM These are aligned to Clinical Audit days. It was also reported that the flooring works in Medical Illustration are planned for later in the year. The Group resolved that: a) The health and safety updates were noted.	
CDTQSE 26/218	Regulatory Compliance HL reported that the MHRA have received a response following the inspection in Blood Transfusion and the department is awaiting feedback on this response from the inspector. The Group resolved that: a) The update on regulatory compliance was noted.	

TIMELY		
CDTQSE 26/219	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 26/220	Feedback from UHB QSE Committee The minutes of the meeting held on 2 nd June 2026 were received. Updates were received on: • The Theatre Together programme. • The Quality Management System and the associated improvement plan. Feedback was received from the HIW inspection of SSSU and the actions that are being taken forward. The group resolved that: a) The update from the UHB QSE Committee was noted.	
CDTQSE 26/221	Research and Development RM reported that the R&D meeting was well attended and the minutes from the last meeting were shared with this group. The Group resolved that: a) The R&D update was noted.	
CDTQSE 26/222	Service Improvement Initiatives Fiona Davies (FD), Urgent and Emergency Care Programme Manager was welcomed to the meeting. She advised that the former 6 Goals Programme has now been replaced with 3 Pillars and she is leading on the 3 rd Pillar: Ward Efficiency, Patient Safety & Flow Improvement Programme. This year, the programme is focused on reducing patient length of stay, minimising internal ward delays, increasing the use of criteria-led discharge, and supporting earlier-in-the-day discharges. The programme has been divided into a number of key measures and outcomes aimed at improving patient flow and reducing avoidable delays across the organisation. A key area of focus is understanding and improving the daily rhythm of ward activity, including clarifying responsibilities and identifying opportunities to streamline processes. Specific	

	objectives include increasing weekend discharges, reducing the number of outlier patients, improving pre-midday discharge rates, reducing transport-related delays, and addressing the causes of excessive lengths of stay. FD noted that the current target is for 33% of discharges to take place before midday, which would enable patients waiting in the EU department to be transferred to inpatient wards more quickly. Current performance remains significantly below this target. The project is driven by a commitment to reduce avoidable harm associated with prolonged hospital stays and improve patient outcomes. FD emphasised that the scale of the work is substantial and requires engagement and support from colleagues across all areas to identify and implement improvements within their own services. The programme is aligned with the PRISM Report and the National Urgent and Emergency Care (UEC) Programme of work. She highlighted that, whilst the organisation has standard operating procedures (SOPs) for clinical tasks, there is currently no agreed SOP defining how a ward should operate. There is a lot of duplication and lack of efficiency as indicated by the long lengths of stay. The programme has therefore agreed that a clear and consistent process for the rhythm of the day needs to be developed for each ward. Specialist Services, Medicine and Surgery Clinical Boards have identified 2 wards each: A2, LW3, West 5, B6, B1 and B4N. Working with colleagues in these areas and a wider group, a ward flow rhythm of the day has been developed. The ward flow framework maps all staff groups involved in a patient's care over a 24-hour period against the different phases of the day. The purpose of the framework is to identify who should be undertaking specific tasks, when those tasks should occur, and how activities can be better coordinated to support timely patient discharge. It has been highlighted that staff are often undertaking similar activities at the same time, rather than following a planned sequence of actions that supports the overall discharge process. A key example discussed was the preparation of TTHs where patients are identified for discharge the following day, therefore medication should be prepared in advance the previous evening. However, there are challenges as to why this is not being actioned. Similar issues have been identified with transfers to the discharge lounge, where activity is often concentrated at the same time each morning rather than in a coordinated approach. This flow framework will support focusing on the target and what actions needs to be undertaken to achieve the desired outcome.	
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	FD noted that this work has been developed collaboratively with input from a wide range of colleagues and encouraged anyone who has not yet been involved, or who would like to contribute further, to make contact and participate in the ongoing development of the programme. When the standard process is embedded, standards for wards are needed to underpin this. 5 standards have been developed focusing on flow and patient safety, with the emphasis of discharging patients in a timely fashion to where they need to be in the community. These standards are set against what needs to be achieved. For example, each ward needs to have a clear focus on discharge planning with a senior clinical decision maker. A board round is needed 7 days a week on wards. Currently these are only occurring 5 days or less. A ward round SOP has been created to manage expectations and accountability. 33% of patients need to be discharged by midday. Significant improvement is needed and a small PDSA cycle and programme work will take this forward to try and achieve this target. With the flow framework and standards in place, these need to be reviewed to identify where these are working and where there are challenges. A Business Intelligence dashboard has been developed for the 6 pilot wards and this is reviewed in a weekly meeting to focus on improvements. The dashboard identifies their position against predicted discharges, how many times this was changed, how many patients were discharged and how many constraints were encountered. The data will then be used to inform actions for the following week. Although data is available for comparing performance between wards, this is not useful as patient cohorts are different. The weekly meetings also review any patient that stayed over 7 days and will discuss the barriers to discharge. FD noted that the national programme of work is looking at criteria led discharge, which is a Welsh Government target that needs to be introduced. It needs to be determined whether this is by diagnosis or that every patient on a board round who's reviewed. This need to be very clear in the notes. In terms of the pilot, each of the six wards have a plan, a rhythm and standards of this will be achieved. When this is embedded on the 6 wards, the plan is to roll this out at pace and spread throughout all the wards to drive down the lengths of stay. HR noted that she was involved in Medicine pilot wards but not for Surgery and Specialist. FD will meet with her outside of the meeting to see if the flow created for medicine will look different in Surgery and Specialist.	
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HL asked for confirmation that Pharmacy and Therapy services are aligned to the pilot wards. She expressed concern regarding a standard requiring a full MDT presence 75% of the time, noting that not all wards currently have seven-day therapy cover. She cautioned that applying this target to wards without weekend therapy provision would result in consistent non-compliance. Whilst acknowledging that some wards, such as the trauma ward West 5, may have weekend therapy cover, she emphasised that any failure to meet the standard in other areas should not be reported as a constraint where it cannot realistically be addressed within existing staffing resources. HR commented that MDTs will be defined for each of the wards so that the scores are accurate. HR has commented previously on Therapies being defined within one of the standards as an operational constraint and this needs to be reworded. FD noted that the comments will be taken forward.

HL also requested that diagnostic stewardship is considered as part of the board round conversations as to whether the inpatient absolutely needs a laboratory test or imaging, or whether the patient could go home on treatment and receive their diagnostic as an urgent outpatient. KR suggested that Radiology could look at a communication pathway for these patients to be treated on a clinically urgent basis where the standard turnaround time would be within 14 days. Or alternatively Radiology could explore a pilot creating ring-fenced capacity.

HL also commented that it is important to recognise that addressing deconditioning is not solely a Therapies' responsibility but a responsibility for all ward staff to encourage patients to mobilise. FD advised that this project is aligned to the deconditioning toolkits and will be strongly embedded into this programme of work.

FD requested for any CD&T departments to contact her where they identify any barriers to patients being discharged that are a frustration, as these can be embedded into the work with the pilot wards.

SL commented that there are 3 issues from this Clinical Board's perspective:

Requests for Diagnostics as discussed earlier.

There is robust data around TTHs. At 2pm there is a huge spike in requests which then impacts on early discharges.

The Clinical Board is supporting the Needless Needles campaign which is a project and similar to diagnostics board rounds need to consider whether further bloods need to be taken.

FD noted that the Board Round SOP is still under development and she will send the SOP to HL for review.

Esyllt Glyn-Jones (EJ), Adult Speech and Language Therapist and Annabelle Price (AP), AHP Clinical Lead for Community Neuro Service, Physiotherapy were also welcomed to the meeting to present their EPSOMM Project. – Developing a collaborative movement and voice prehab programme for people with Early Parkinson's from Cardiff and the Vale of Glamorgan. The project was funded by Parkinsons UK Excellence Network over the past 2 years.

The project marks the culmination of approximately 9 years of work to improve Parkinson's physiotherapy and speech and language therapy services across Cardiff and Vale. The work was developed in response to the increasing incidences and prevalence of Parkinson's disease, growing demand on therapy services, evolving evidence and clinical guidelines, and the introduction of the Neurology Movement Disorders Clinic.

Historically, access to therapy was largely dependent on referrals from the Parkinson's multidisciplinary team, with patients typically referred to day hospital or individual therapy services only when symptoms became problematic. This approach often resulted in missed opportunities for early intervention, despite evidence that timely physiotherapy and SLT input can help slow symptom progression and maintain quality of life.

The team outlined that grant funding had been secured because there was no dedicated AHP presence within the Parkinson's pathway. Additional resource was required to provide focused support for this patient group without adversely affecting wider generic therapy caseloads. Through collaborative working, an early intervention model was designed to improve patient outcomes, increase service efficiency, strengthen multidisciplinary working, and enhance skills across both professional groups.

Patient feedback demonstrated significant benefits from participation in the programme. Individuals described receiving clear guidance on exercise and activity following diagnosis and reported improvements in coordination, increased levels of physical activity, greater confidence in self-management, and engagement with community exercise opportunities. Patients also highlighted perceived stabilisation of their condition, improvements in wellbeing, and the value of social connections developed through group participation. The social aspect of the programme was described as particularly important in reducing feelings of isolation and supporting mental health by enabling participants to connect with others experiencing similar challenges.

As the project funding is ending, concern was expressed that some elements of the work will not be sustainable without ongoing investment. They sought advice on how best to use the project data and outcomes to influence wider system change, maximise the impact of the learning generated, and support future AHP involvement within the Parkinson's pathway.

	In particular, they highlighted the absence of dedicated AHP funding within movement disorders services and requested support in engaging with Medicine Clinical Board and the Neurology team, where responsibility for these services currently sits. EJ and AP highlighted the potential value of greater AHP involvement within Parkinson's pathways. The team reported that conversations with nursing staff had identified significant workload pressures, with much of their focus directed towards supporting patients in the later stages of disease and managing medication-related issues. Dedicated AHP input could provide additional support to these teams through earlier intervention, improved care coordination, and clearer referral routes into therapy services. An established AHP presence within the pathway could contribute significantly to self-management and preventative care, potentially preventing escalation to more specialist services. SC suggested the option of looking within current resources to see what the service can offer and present this to Medicine Clinical Board. JDi raised concerns that Therapies lead the way in terms of vision but it needs engagement from other services. It needs to be made clear that this was an innovative project that releases resources downstream and is the right service to provide for the patients, however it is not a business-as-usual service and there cannot be an expectation that therapies will deliver this demand. HL suggested linking in with Medicine Clinical Board through their QSE Sub-Committee. The Group resolved that: a) The slides from both the service improvement presentations will be sent to HJ.	
CDTQSE 26/223	Information Governance/Data Quality The Group resolved that: a) This item was not discussed.	
CDTQSE 26/224	HIW/Llais Reports and Improvement Plans Actions are being addressed following the HIW Inspection in Radiology. An action relating to the bilingual translation of letters is an issue, given the volumes of letters involved as there is variation between modalities. The directorate is exploring translation with the HCC project to identify if this would work with the new Soliton system and meets NHS Wales standards. The Group resolved that: a) The timeframe set against this action will need to be updated.	

CDTQSE 26/225	Policies, Procedures and Guidance (including NICE Guidance) The Group resolved that: a) There were no policies or documents presented.	
EFFICIENT		
CDTQSE 26/226	Feedback from Directorate QSE Meetings MM reported that she has added a low scoring risk to the risk register relating to equipment used in the Telederm clinic for patients with pacemakers. 2 additional checks have been implemented as mitigation. The Group resolved that: a) There were no further issues to escalate.	
CDTQSE 26/227	Clinical/Internal Audits The Group resolved that: a) This item was not discussed.	
CDTQSE 26/228	Sustainability The CD&T Green Group was held in June. There was an observation that Climate Change and the heatwave conditions have a negative impact on reducing the UHB's carbon footprint as the use of electrical fans and air conditioning units increase. Mitigation against the hot weather was put in place in Physiotherapy where exercise sessions for vulnerable patients were cancelled and rehab for patients was moved to the mornings when the temperature was cooler. In other areas, the option of working from home was offered to non-clinical staff. The hot weather had an adverse effect in labs on tests, reagents and the equipment. The wet weather conditions saw extreme downpours of rain and resulted in flooding in departments across CD&T including the Mortuary, Medical Physics, the laboratories, Pharmacy and Therapies. This has resulted in staff working in unpleasant working conditions. Also repair works are a financial cost to the UHB and adds to the pressure for Estates and Maintenance services. The NHS E-learning package includes a number of modules for staff to increase their knowledge around sustainability and these were shared with the group. AWTTC hosted a Best Practice Day on 9th July with the theme Medicines Optimisation for a Sustainable Future. The	

	department is also launching a new campaign 'only order what you need' which is focusing on unnecessary repeat prescribing. The Group resolved that: a) The updates on sustainability were noted.	
EQUITABLE		
CDTQSE 26/229	Equality, Diversity and Inclusion Issues/ Inclusion Ambassadors Update The Group resolved that: a) This item was not discussed.	
PERSON CENTRED		
CDTQSE 26/230	Patient Story The Group resolved that: a) The patient story in Radiology has been deferred to the October meeting.	KR/HS
CDTQSE 26/231	Patient Experience Feedback The Group resolved that: a) HL will circulate the Civica reports.	HL
CDTQSE 26/232	Internal/External Awards The Group resolved that: a) There were no success stories to report.	
CDTQSE 26/233	Good News Stories The Group resolved that: a) There were no updates to report.	
ITEMS TO RECEIVE/NOTE FOR INFORMATION		
CDTQSE 26/234	Health and Safety Group Minutes 10.7.26 R&D Group Minutes 6.7.26	
ANY OTHER BUSINESS		
CDTQSE 26/235	Nothing further to report.	
CDTQSE 26/236	Date & Time of Next Meeting The next meeting will be held on 19th August 2026 at 9am via Teams. HL requested advance notice of any apologies.	