

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

Held on 23rd March 2026

Present:		
Helen Luton (Chair)	HL	Director of Nursing/Multi Professional Teams
Alicia Christopher	AC	General Manager, Radiology & Medical Physics/ Clinical Engineering
Edward Chapman	EC	Head of Clinical Engineering/ Medical Devices Officer/Assistant Director of Therapies and Health Sciences
Alison Lewis	AL	Patient Safety Coordinator
Tracy Wooster	TW	Sister, Outpatients
Seetal Sall	SS	Point of Care Testing Manager
Susan Beer	SB	Public Health Wales Representative
Megan Price	MP	Public Health Wales, Microbiology Representative
Hadas Reshef	HR	Head of Occupational Therapy
Kate Blower	KBI	Shaping Change Partner, Shaping Change Team
Sian Jones	SJ	Directorate Manager, Laboratory Services
Samantha Davies	SD	Radiographer, Radiology Department
Rhys Morris	RM	CD&T R&D Lead/Director of MPCE
Paul Williams	PW	Quality and Safety Lead, Medical Physics
Zara Ahmed	ZA	Clinical Effectiveness Coordinator
Gemma Taylor	GT	Nurse Advisor for Medicines Management
Jo Fleming	JF	Quality Lead, Radiology
In Attendance:		
Gina Gwynne	GG	Haematology and Phlebotomy Quality Manager
Secretariat:		
Helen Jenkins	HJ	Business Support Manager
Apologies:		
Adam Christian	ACh	Clinical Board Director
Sarah Lloyd	SL	Director of Operations
Becca Jos	BJ	Deputy Director of Operations
Sion O'Keefe	SO	Head of Business Development/ Directorate Manager of Outpatients/Patient Administration
Suzanne Rees	SR	Lead Nurse for CD&T
Julia Dinley	JD	Head of Speech and Language Therapy
Scott Gable	SG	Laboratory Service Manager, Cellular Pathology
Elaine Lewis	EL	General Manager, Pharmacy
Jonathan Davies	JDa	Health and Safety Adviser
Vanessa Goulding	VG	Interim Head of Podiatry
Melissa Melling	MM	Head of Medical Illustration
Kim Atkinson	KA	Clinical Director of Allied Health Professions
Debra Woolf	DB	Sister, Outpatients
Keeley Baker	KBa	Head of Health Records
Ruth Lang	RL	Office Manager, AWTTC
Jamie Williams	JW	Senior Nurse, Radiology
Emma Holmes	EH	Head of Nutrition and Dietetics
Bill Salter	BS	Lead Staff Representative

Sandra Watts	SW	Senior Nurse for EPMA, Pharmacy
Yvonne Hyde	YH	IP&C Team Representative
Timothy Banner	TB	Clinical Director, Pharmacy
Sue Lawless	SL	Laboratory Service Manager, Haematology
Nigel Roberts	NR	Laboratory Service Manager, Biochemistry

Item No	Agenda Item	Action
PRELIMINARIES		
CDTQSE 26/067	<p>Welcome & Introductions</p> <p>HL welcomed everyone to the meeting.</p>	
CDTQSE 26/068	<p>Apologies for Absence</p> <p>Apologies for absence were noted.</p>	
CDTQSE 26/069	<p>Minutes of the previous meeting</p> <p>The Group resolved that:</p> <p>a) The minutes of the previous meeting were accepted as an accurate record.</p>	
CDTQSE 26/070	<p>Matters Arising/Action Log</p> <p>An update was provided on the outstanding actions from the previous meeting.</p> <p><i>CDTQSE 26/023 SOP for Access to Patient Records Process</i></p> <p>HL to ask SO if there is an update on an SOP being developed around the access to patient records process.</p> <p><i>CDTQSE 26/023 Presentation on Therapies Equality and Inclusion Work</i></p> <p>HJ to follow up on whether Sarah Clements can present the Equality and Inclusion work being undertaken in Therapies to a future meeting.</p> <p><i>CDTQSE 26/024 Directorate Audit Leads</i></p> <p>Directorates to send the names of their audit leads to HJ.</p> <p><i>CDTQSE 26/032 Logging CD&T Estates Issues</i></p> <p>AC will follow up with JD on the spreadsheet produced in Therapies, however, there has been broad agreement that an online form would be preferable.</p>	<p>HL</p> <p>HJ</p> <p>All</p> <p>AC</p>

	<p><i>CDTQSE 26/041 Global Worklist</i></p> <p>AC provided an update. Cardiff and Vale were unable to see images via Welsh Clinical Portal for Health Boards that have gone live with the RISP system. The ability to view images via WCP has been fixed and Cardiff and Vale can now view Cwm Taf Health Board's images.</p> <p>Prior to Hywel Dda Go live, a new process was put in place that allows referring Health Boards to send images into Cardiff and Vale. A functionality for Cardiff and Vale to pull images is being explored and this is a risk that needs to be managed until its date of go live which is scheduled for 1st June 2026.</p> <p>An online form has been created for clinicians experiencing access issues that reports into the IT helpdesk. AC shared the link to the form in the Teams Chat.</p> <p><i>CDTQSE 26/045 Air Purifiers in Radiology</i></p> <p>JF reported that 2 of the air Purifiers in Radiology were the IQ Air models and these have been removed and replaced.</p> <p><i>CDTQSE 26/047 Clinical Safety Groups</i></p> <p>It was agreed that updates from Clinical Safety Groups will be added as a future agenda item. Updates will include any relevant issues pertaining to this Clinical Board or any items being escalated to the UHB QSE Committee</p> <p><i>CDTQSE 26/060 Patient Story from Haematology</i></p> <p>HJ to follow up with EL.</p> <p>The group resolved that:</p> <p>a) The updates to the outstanding actions were noted.</p>	<p>HJ</p> <p>HJ</p>
6 DOMAINS OF QUALITY		
SAFE		
<p>CDTQSE 26/071</p>	<p>Concerns and Compliments Report</p> <p>In February 2026, the Clinical Board received 52 concerns, 9 formal concerns and 43 to be resolved through early resolution. There were 2 breaches in timeframes and 1 compliment was received.</p> <p>The top themes of concerns received to date are:</p> <ul style="list-style-type: none"> • Waiting times • Communication issues • Difficulties cancelling/arranging appointments. <p>2 compliments have been received to date both relating to a positive patient experience.</p>	

	<p>The Group resolved that:</p> <p>a) The breaches in response times relate to concerns where responses are required from multiple Clinical Boards.</p>	
<p>CDTQSE 26/072</p>	<p>National Reportable Incidents</p> <p>The open NRI report was circulated to the group.</p> <p>Incident IDs 44284 and 75230 are now closed.</p> <p>ID 90068 relates to a pressure damage incident, where the case is progressing to redress.</p> <p>ID 105327 relates to the incident Stem Cell storage incident in an external facility which is currently under investigation.</p> <p>The top 2 will be closed this week.</p> <p>The pressure damage case is progressing to redress.</p> <p>The Group resolved that:</p> <p>a) The NRI report was noted.</p>	
<p>CDTQSE 26/073</p>	<p>Duty of Candour Cases/Claims/LFERs</p> <p>HL reiterated from the presentation in the previous meeting, that incidents graded moderate harm need to follow the duty of candour process.</p> <p>A claim has been submitted relating to a joint third sector and Health Board incident that occurred in a leisure centre, where a physiotherapy team was providing support. There are also a number of claims ongoing in Radiology.</p> <p>The Group resolved that:</p> <p>a) It was agreed that the cases will be presented at future meetings when the cases have been concluded.</p>	
<p>CDTQSE 26/074</p>	<p>Risk Register Updates</p> <p>The Group resolved that:</p> <p>a) There were no new risks to report.</p>	
<p>CDTQSE 26/075</p>	<p>Patient Safety Alerts</p> <p>Two safety alerts have been circulated relating to Co-trimoxazole suspension shortage and Phosphate polyfusor shortage. There is no impact to this Clinical Board, with the exception of the Pharmacy team that are managing the medication supplies.</p>	

	<p>A safety notice was also circulated today relating to infections from non-sterile wipes in first aid kits.</p> <p>The Group resolved that:</p> <p>a) It was noted that from 1st April, the Patient Safety Team will be piloting the management of safety notices via the AMAT system.</p>	
<p>CDTQSE 26/076</p>	<p>Medical Device/Equipment Risks</p> <p>Ed Chaman advised that safety alerts relating to Philips radiology equipment have been shared with the Radiology team. Philips will be visiting onsite to undertake corrective action.</p> <p>The Group resolved that:</p> <p>a) The medical device and equipment updates were noted.</p>	
<p>26/077</p>	<p>Point of Care Testing</p> <p>SS explained that the blood gas implementation is progressing, with the team now focused on testing device connectivity following completion of the evaluation stage. A current barrier relates to work required by DHCW to facilitate data transmission.</p> <p>Alongside this, the team has been working with Clinical Boards to identify equipment that is unused, end of life, or unsuitable and remove and replace them with safer alternatives. This has included an unused device purchased a number of years ago for Paediatric Oncology, where the POCT team have now offered their support for a rapid service provision for them.</p> <p>Additional work is ongoing with the diabetes service, where their current equipment is at end of life and suitable alternatives have been identified.</p> <p>Home Ventilation team have I-stats now for their mobile blood gas testing for the home ventilation patients and have more up to date, robust and safer equipment in place.</p> <p>The Group resolved that:</p> <p>a) The Point of Care Testing update was noted.</p>	
<p>CDTQSE 26/078</p>	<p>IP&C/ Decontamination Issues</p> <p>The Group resolved that:</p> <p>a) There were no issues to report.</p>	

<p>CDTQSE 26/079</p>	<p>Safeguarding /Consent Issues</p> <p>The Safeguarding training compliance report was shared for information. The Clinical Board is reporting a green status for a number of modules. There are challenges accessing the level 3 training but the Clinical Board has improved this year from 7% to 36%.</p> <p>The UHB Consent Lead post is currently out to advert.</p> <p>The Group resolved that:</p> <p>a) The Safeguarding training compliance report was noted.</p>	
<p>CDTQSE 26/080</p>	<p>Health and Safety/Staff Wellbeing</p> <p>The Public Health Newsletter was circulated for information. The newsletter refers to the menopause hub that has opened. HL noted that SR is undertaking a Florence Nightingale Foundation course, and the menopause is the theme of her project. This work will be shared at a future meeting.</p> <p>The Clinical Board Health and Safety Group meeting was held earlier in March. There are a large number of open actions following fire risk assessments that need to be closed off.</p> <p>The patient and staff incident reports were reviewed and it was noted that oxygen cylinders need to be safely secured when transferring patients. JW is sourcing a supply of brackets for Radiology to secure cylinders to beds, in the event of patients arriving at the department without oxygen but need oxygen when being transferred back to the wards.</p> <p>The Group resolved that:</p> <p>a) The Clinical Board Health and Safety Minutes were circulated for information.</p>	
<p>CDTQSE 26/081</p>	<p>Regulatory Compliance</p> <p>A UKAS assessment is currently underway within Cellpath.</p> <p>A UKAS assessment is scheduled in Haematology for next month.</p> <p>The Group resolved that:</p> <p>a) The minutes of the Regulatory Compliance Group were circulated for information.</p>	
TIMELY		
<p>CDTQSE 26/082</p>	<p>Waiting Times Performance</p> <p>The Group resolved that:</p>	

	a) Waiting times performance is monitored and discussed in detail in the directorate performance review meetings.	
EFFECTIVE		
CDTQSE 26/083	<p>Feedback from UHB QSE Committee</p> <p>The minutes from the meeting held on 20th January 2026 were circulated. Children and Women Clinical Board presented their annual report. The challenges of meeting the needs of children with neurodiversity was raised as an issue.</p> <p>A revised terms of reference for the UHB QSE Committee will be presented to Board in March 2026 for ratification.</p> <p>Pressure Damage quality indicators were raised by the Chair and it is likely that the Pressure Damage Group will be reinstated.</p> <p>There is a focus on the timely closure of NRIs, as part of the targeted intervention work.</p> <p>ANTT training compliance is also being reviewed by the Chair of the Committee.</p> <p>An update was provided on the WHO checklist and it was advised that a new simplified WHO checklist was being developed in theatres.</p> <p>An update was provided on cyber security and it is likely that further work will follow on from Exercise Creeper.</p> <p>TB provided an update on independent and supplementary prescribing governance framework and work has been underway to ensure that non-medical prescribers are compliant with the governance framework.</p> <p>The group resolved that:</p> <p>a) The update from the UHB QSE Committee was noted.</p>	
CDTQSE 26/085	<p>Research and Development</p> <p>RM reported that a recurring issue in discussions relating to research is that there tends to be a heavy focus on supporting consultant SPA time. The number of consultants in this Clinical Board that undertake research are small and much of the research from within this Clinical Board centres on supporting projects led elsewhere. As a result, the Clinical Board does not always receive recognition for the input it provides, nor does it generate much of its own research.</p> <p>He commented that there is no reason preventing another staff group from undertaking research and the UHB needs to find ways to support staff in other professions in undertaking research and innovation. By focusing predominantly on</p>	

	<p>consultant priorities, there is a risk that opportunities to explore issues from the viewpoint of other professions may be lost. The aim should be to create opportunities for all professional groups to pursue research or improvement projects.</p> <p>The Group resolved that:</p> <p>a) Any colleagues undertaking research and innovation to be linked in with RM and the Clinical Board R&D Group.</p>	
CDTQSE 26/086	<p>Service Improvement Initiatives</p> <p>The Group resolved that:</p> <p>a) There were no initiatives to report.</p>	
CDTQSE 26/087	<p>Information Governance/Data Quality</p> <p>The Group resolved that:</p> <p>a) There were no issues to raise.</p>	
CDTQSE 26/088	<p>HIW/Llais Reports and Improvement Plans</p> <p>The Group resolved that:</p> <p>a) There were no reports to be received.</p>	
CDTQSE 26/089	<p>Policies, Procedures and Guidance (including NICE Guidance)</p> <p>The Group resolved that:</p> <p>a) There were no local policies or procedures to be reviewed.</p>	
EFFICIENT		
CDTQSE 26/090	<p>Feedback from Directorate QSE Meetings</p> <p>PW reported that Amy Wlaznik is the new QSE Lead for the PIER departments. HL thanked PW for his efforts in providing this role for the service. HJ to add Amy Wlaznik to the distribution list.</p> <p>SJ reported that there have been delays with the replacement temperature monitoring system in the laboratories.</p> <p>The Group resolved that:</p> <p>a) HL requested for departments to submit their action notes, minutes or summaries from their QSE Groups.</p>	HJ
CDTQSE 26/091	<p>Clinical/Internal Audits</p> <p>The National Audit for Care at the End of Life was shared for information.</p>	

	<p>The CD&T open audits report was circulated. There are a number of audits that are overdue or have not been actioned that can either be removed or updated. Directorates to review the report and update the AMAT system.</p> <p>Zara Ahmed was welcomed to the meeting as the Clinical Effectiveness Coordinator for this Clinical Board and she noted that she can provide support and guidance with registering audits on AMAT.</p> <p>The Group resolved that:</p> <p>a) The updates relating to internal and clinical audits were noted.</p>	Dir's
<p>CDTQSE 26/092</p>	<p>Sustainability</p> <p>HJ provided an update from the UHB Green Group. A presentation was delivered from the Waste Management Team. Last year, the UHB implemented the tiger waste project, using tiger bags where appropriate for offensive waste, instead of the yellow or orange bags. This resulted in a carbon reduction of over 220 tonnes and a cost reduction of £53.6k. It was noted that NHS Wales has been set a target this year for 60% of clinical waste to be placed in tiger bags.</p> <p>A discussion was held that staff need guidance on what constitutes as infectious waste that needs to be placed in orange bags and non-infectious waste. The Waste Management team's general guidance is that if a patient is considered infectious and is treated under the barrier nursing procedure, then orange bags should be used.</p> <p>It was also reported that the new workplace recycling regulations for hospitals in Wales will come into effect on 1st April. As part of this the mixed recycling bins are being removed and will be replaced with the new bins for disposing waste into the required waste streams.</p> <p>The Group resolved that:</p> <p>a) The update from the UHB Green Group was noted.</p>	
EQUITABLE		
<p>CDTQSE 26/093</p>	<p>Equality, Diversity and Inclusion Issues/ Inclusion Ambassadors Update</p> <p>The Group resolved that:</p> <p>a) There were no issues to report.</p>	
PERSON CENTRED		
<p>CDTQSE 26/094</p>	<p>Patient Story</p>	

	<p>There was no patient story presented.</p> <p>The Group resolved that:</p> <p>a) The Phlebotomy team is scheduled to present at the next meeting. SJ to advise if this needs to be deferred in light of their UKAS assessment next month.</p>	SJ
<p>CDTQSE 26/095</p>	<p>Patient Experience Feedback</p> <p>GG, Haematology and Phlebotomy Quality Manager, provided an overview of the Booking Lab appointment system introduced for the Phlebotomy service at Barry Hospital.</p> <p>Booking Lab is an online system developed to give patients an additional option for arranging phlebotomy appointments, complementing the existing telephone booking method. The system currently applies only to the GP surgeries within the Barry Hospital hub.</p> <p>She outlined how the service previously operated as a walk-in clinic, which led to significant problems, particularly in the afternoons when demand often exceeded staff capacity. This caused frustration for both patients and staff, especially as venepuncture must stop at 3:15pm to ensure samples reach the laboratory on time and patients expected to be bled.</p> <p>During the COVID-19 pandemic, due to the national safety guidelines, the walk-in approach became unsafe, and a telephone appointment system was introduced. However, this generated numerous complaints because many patients struggled to get through, and some did not cancel appointments because of the difficulties contacting the service, resulting in high levels of non-attendance.</p> <p>These challenges prompted the introduction of an online booking option, which went live on 17 March 2025. As part of evaluating the system, a patient satisfaction survey was carried out between June and August 2025. 32 responses were received through both online and paper formats. The responses showed an even split between those booking by telephone and those using the online system. All respondents reported that booking via either method was easy.</p> <p>Awareness of the online option varied, with some patients only learning of this functionality through communication from their GP practices. Awareness raising has therefore been identified as an action to be taken forward. For those who used the online system, feedback indicated it was straightforward, and no suggestions for improvement of the system were offered.</p>	

A key issue highlighted in the survey was waiting times, with over half of respondents waiting more than seven days for an appointment. Although this is an area requiring improvement, it is largely dependent on the capacity of the phlebotomy team.

With regards to feedback relating to patient interactions with staff, the majority of patients surveyed felt they were treated with respect, although 2 patients reported feeling otherwise, with no additional details provided.

Most respondents rated their overall experience as good or excellent, although 3 patients rated it as poor. Suggestions for improvement included returning to the pre-COVID drop-in model, improving staff attitude, and reducing waiting times.

Feedback was obtained from Phlebotomists, who reported positive experiences in using the system. They commented that it was easy to navigate, required minimal training time, and displayed all appointments on a single page, which prevented missed or duplicated bookings. They noted that patients also appreciated receiving email confirmations for added reassurance.

Since implementation, there has only been one period of downtime, which was due to a Health Board network issue. Support from the system provider has also been described as very good.

Data was presented, demonstrating how appointments had been booked over the previous 12 months. The trend showed consistent use of both options, with telephone bookings remaining slightly more common than online bookings, although both methods fluctuated month by month.

A conclusion from the survey was that whilst the system is working well overall, there remains potential to improve awareness and address waiting times where feasible.

HL commented that the number of concerns relating to difficulties booking appointments in the Phlebotomy service have significantly reduced in the past year.

Sian Jones noted that details of the system have been shared with other departments within the Clinical Board to see if this would work for them, however there is a cost implication.

The Group resolved that:

- a) Any services interested in exploring Booking Lab as an option to contact Sian Jones.

CDTQSE 26/096	Internal/External Awards The Palliative Care Team were not in attendance to present their service improvement work, which was supported by the POCT team, which won an NHS Award. The Group resolved that: a) There were no internal/external awards to share.	
CDTQSE 26/097	Good News Stories The Group resolved that: a) There were no specific good news stories to share.	
ITEMS TO RECEIVE/NOTE FOR INFORMATION		
CDTQSE 26/098	Health and Safety Group Minutes 2.3.26	
ANY OTHER BUSINESS		
CDTQSE 26/099	Nothing further to report.	
CDTQSE 26/100	Date & Time of Next Meeting The next meeting will be held on 23 rd April 2026 at 10am via Teams.	