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

Held on 23rd April 2026

Present:		
Helen Luton (Chair)	HL	Director of Nursing/Multi Professional Teams
Alicia Christopher	AC	Interim Deputy Director of Operations
Samantha Davies	SD	Radiographer, Radiology Department
Carole O'Shea	CO	Deputy Site Superintendent Radiographer
Melissa Melling	MM	Head of Medical Illustration
Jo Fleming	JF	Quality Lead, Radiology
Hadas Reshef	HR	Head of Occupational Therapy
Seetal Sall	SS	Point of Care Testing Manager
Debra Woolf	DB	Sister, Outpatients
Susan Beer	SB	Public Health Wales Representative
Jonathan Davies	JDa	Health and Safety Adviser
Sion O'Keefe	SO	Head of Business Development/ Directorate Manager of Outpatients/Patient Administration
Rhys Morris	RM	CD&T R&D Lead/Director of MPCE
Suzanne Rees	SR	Lead Nurse for CD&T
Gemma Taylor	GT	Nurse Advisor for Medicines Management
Elaine Lewis	EL	General Manager, Pharmacy
Sian Jones	SJ	Directorate Manager, Laboratory Services
Alison Lewis	AL	Patient Safety Coordinator
Sue Lawless	SLa	Laboratory Service Manager, Haematology
Kate Blower	KBl	Shaping Change Partner, Shaping Change Team
Edward Chapman	EC	Head of Clinical Engineering/ Medical Devices Officer/Assistant Director of Therapies and Health Sciences
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
Scott Gable	SG	Laboratory Service Manager, Cellular Pathology
Kim Atkinson	KA	Clinical Director of Allied Health Professions
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

Item No	Agenda Item	Action
PRELIMINARIES		
CDTQSE 26/101	**Welcome & Introductions** HL welcomed everyone to the meeting.	
CDTQSE 26/102	**Apologies for Absence** Apologies for absence were noted.	
CDTQSE 26/103	**Minutes of the previous meeting 23rd March 2026** **The Group resolved that:** a) The minutes of the previous meeting were accepted as an accurate record.	
CDTQSE 26/104	**Matters Arising/Action Log** An update was provided on the outstanding actions from the previous meeting. *CDTQSE 26/023 SOP for Access to Patient Records* SO will link in directly with Podiatry regarding patients accessing their records. HR raised the issue that OT have a volume of records that they have been unable to destroy. SO noted that at present due to the significant cost pressure involved, destruction of records is currently not possible. *CDTQSE 26/023 Therapies EDI Work* Sarah Clements, EDI Lead for Therapies, will present on their work at the next meeting. *CDTQSE 26/024 Clinical Audit Leads* The remaining directorates that have not yet submitted the names of their Clinical Audit Leads were requested to provide the details to HJ. It was noted that the Patient Safety Team are looking for assurance from areas that use alternative systems to AMAT for monitoring audits, such as Q-Pulse, to ensure they are being managed appropriately. *CDTQSE 26/032 Estates Log* AC has drafted an MS Form and circulated the link via Teams. HL clarified that this form is to be used only for urgent, high risk estates issues where there is a health and safety risk to staff or patients or where an estates issue could affect regulatory compliance.	**SO** **Dirs**

	CDTQSE 26/094 Phlebotomy Patient Story The patient story will be presented at the next meeting. **The group resolved that:** a) The updates to the outstanding actions were noted.	
6 DOMAINS OF QUALITY		
SAFE		
CDTQSE 26/105	**Concerns and Compliments Report** In March 2026, the Clinical Board received 59 concerns, 3 formal concerns and 56 to be resolved through early resolution. There were 4 breaches in timeframes and 3 compliments were received. The top themes of concerns received to date are: • Difficulties cancelling/arranging appointments • Waiting times • Communication issues The top themes of compliments received to date are: • Positive patient experience • Efficient service • Excellent clinical treatment HL asked if any directorates have an SOP for managing compliments locally. SJ reported that within the laboratories, they have produced QR codes and any compliments are fed back to the staff members. JF reported that in Radiology compliments are shared with staff members and managers and raised at the directorate QSE Meeting. In Public Health Wales compliments are recorded on CIVICA. SLa shared the SOP for Haematology for managing complaints and concerns. **The Group resolved that:** a) The new Listening to People process has now been implemented. It was noted that timely responses of concerns will be closely monitored.	
CDTQSE 26/106	**National Reportable Incidents** The open NRI report was circulated to the group. There is currently 1 open NRI relating to the temperature excursion in the external provider for Stem Cell which is currently still under investigation. There are 5 NRIs attributed to other Clinical Boards where Pathology involvement is required and 6 in Radiology where the department has been asked to contribute to the investigations.	

	GT reported that Pharmacy is involved in an NRI involving IV drugs that are given orally, which has UHB wide implications. The learning will need to be shared at this meeting when the investigation is finalised. **The Group resolved that:** a) The NRI report was noted.	
CDTQSE 26/107	**Duty of Candour Cases/Claims/LFERs** Jackie Sharp, Head of Physiotherapy, presented the learning from a personal injury claim within the Live Well Therapy Team. During an exercise class held in a leisure centre in Cardiff, a TRX strap came away from a wall causing the patient to fall, leading to a personal injury claim. The investigation highlighted that the strap had been attached to the wrong fixing on a wall. The class was jointly run by GLL employees and a CAV technician who provides support. The GLL employee was unavailable on the day of the incident and the NHS staff ran the class independently. The straps are not NHS equipment and had been attached to the wall prior to the class. When the case was presented to the CAV UHB barrister, it was deemed that physiotherapy had exposure as it could not evidence a safety check of equipment, even though responsibility for the equipment does not lie with the service. Settlement was agreed with a 50/50 apportionment for both parties. Following this outcome, joint GLL and NHS Groups have been discontinued whilst a new agreement is drawn up with clear lines for responsibility for equipment. **The Group resolved that:** a) The use of third-party premises to provide care closer to patients' homes is the direction of travel in NHS Wales. Other departments providing care in the community in these type of premises will benefit from the learning from this incident.	
CDTQSE 26/108	**Risk Register Updates** JF reported that 2 new risks have been added to the Radiology risk register. The CCTV in Petic is ageing and no longer reliable. Mitigation has been put in place whilst a new contract is being developed. JF to advise HL if this procurement process becomes prolonged. Endoscopic Ultrasound equipment is also ageing and there have been incidents where it has failed, resulting in the need for repeat or prolonged procedures. A capital bid for a	

	replacement is being submitted. AC will discuss with KR outside of the meeting. HL advised that the UHB Risk Management AMAT Transition Task and Finish Group has now been stood down. A new UHB risk management governance group will be set in due course. The corporate governance team will also be undertaking an exercise with all Clinical Boards around the scoring of risks. **The Group resolved that:** a) The updates relating to risk management were noted.	**AC/KR**
CDTQSE 26/109	**Patient Safety Alerts** **PSA20 Harm from incorrect recording of a penicillin allergy as a penicillamine allergy.** The alert has been circulated to directorates for action. **The Group resolved that:** a) The relevant directorates are tasked to complete the accompanying spreadsheet.	**Dirs**
CDTQSE 26/110	**Medical Device/Equipment Risks** **The Group resolved that:** a) There were no medical device and equipment updates to report.	
26/111	**Point of Care Testing** SS reported that the blood gas devices are being sent out in 2 phases. Paediatric devices are being evaluated separately and will be circulated shortly. This implementation will eliminate the majority of risks relating to blood gases. End to end connectivity has been stable. Clinicians are receiving their data in the electronic patient record. A fix is being put in place relating to positive patient identification which did not work in the previous system and the PACS team to are providing support to implement this. SS thanked the Point of Care Testing team for their hard work efforts to implement the devices and deliver training. They have worked flexible over weekends and late into the evenings so that training can be delivered to clinicians. HL suggested that their efforts should be acknowledged via the CAV Communities. **The Group resolved that:** a) The Point of Care Testing update was noted.	

CDTQSE 26/112	**IP&C/ Decontamination Issues** SR was pleased to note that the Clinical Board has increased its training figures against ANTT. A new Hand Hygiene procedure is due to go out to consultation. A Healthcare Environment Steering Group has been set up to escalate issues relating to the healthcare environment to the Estates team. The Clinical Board's MS form for reporting outstanding estates work will help inform any issues to be escalated. The new recycling legislation for hospitals in Wales has come into force. There is no facility for recycling glass and staff are asked to take glass waste home. The next Decontamination Group will be held in May. **The Group resolved that:** a) The IPC updates were noted.	
CDTQSE 26/113	**Safeguarding /Consent Issues** HL reported that the EIDO representative presented at the Consent Group meeting. They demonstrated that there is an increase in the usage of leaflets and increases in requests for leaflets to be emailed to patients electronically. There have been some newly added leaflets. Neuroradiology leaflets are awaiting Welsh translation. Issues around logging into the system have been resolved. There is now an option for local documents to be added to the EIDO system. The Welsh Risk Pool has undertaken an assessment around consent, with the outcome of reasonable assurance. A presentation was delivered on consent for blood transfusion and a process for staff administering blood, which highlights the need to check consent documentation prior to issuing. **The Group resolved that:** a) There were no updates to report relating to safeguarding. b) The updates from the Consent Group were noted.	
CDTQSE 26/114	**Health and Safety/Staff Wellbeing** **The Group resolved that:**	

	a) There were no issues to report.	
CDTQSE 26/115	**Regulatory Compliance** Haematology is subject to a UKAS assessment this week and next week. This week has focused on the QMS and the technical side of Haemostasis coagulation. The non-conformances currently received can be easily rectified. The assessor was complimentary of the risk assessment management, document control and change controls. They were also complimentary of the staff and the leadership within the team. Cellular Pathology also received a positive UKAS inspection with very few findings. Excellent feedback was received from the assessor on the quality of the service and the team. **The Group resolved that:** a) The minutes of the Regulatory Compliance Group were circulated for information.	
TIMELY		
CDTQSE 26/116	**Waiting Times Performance** AC reported that whilst Radiology did not meet the waiting times target set by Welsh Government, a significant improvement was made. This was against the additional Outpatients that needed to be seen as part of the Welsh Government's initiative which resulted in further requests for diagnostics. The teams have taken great efforts to make significant improvements to the 8-week target and she thanked them for their hard work. In terms of the reporting figures, patients waiting 8 weeks or over for diagnostics is 3981. This is a reduction of 1941 from the previous month, and is the best position reported since April 2023. Patients waiting 14 weeks or over for Therapies is 830. This is a reduction of 112 from the previous month. **The Group resolved that:** a) Waiting times performance is monitored and discussed in detail in the directorate performance review meetings.	
EFFECTIVE		
CDTQSE 26/117	**Feedback from UHB QSE Committee** The minutes from the meeting held on 3rd March 2026 were circulated. The Executive Director of Nursing gave an update on the audit assurance review commissioned from Shared Services. The	

	team has been examining the organisation's clinical and quality governance arrangements, beginning with meetings in the Surgery Clinical Board and later with Medicine. The review focused on whether current governance structures are supported by appropriate policies and procedures. They also reviewed the timeliness and clarity of reporting from Clinical Boards to the Quality Committee, and staff understanding of the government escalation responsibilities. Overall, the organisation's quality and safety governance arrangements were found to be broadly aligned with those of other Welsh Health Boards, with an existing quality and safety framework. However, the review highlighted inconsistent and delayed reporting through Clinical Board structures, a lack of standardised reporting templates, and uncertainty around personal escalation duties. This may result in changes as to how information is reported to the Quality Committee and may also influence the structure of agendas and the format of meeting minutes. The review also considered wider UHB governance in the context of the UHB's targeted intervention status. Recommendations included aligning integrated reports more closely with strategic portfolios, strengthening reporting on the duty of candour and duty of quality and embedding these elements more firmly within the UHB's QMS work. The Director of Operations for Specialist Services Clinical Board provided an update on the JACIE report and the findings. A task and finish group has been set up to work through the actions and it was noted that SJ and Sla are included in this group. An update was provided on the healthy eating standards for hospital restaurants and outlets. A report was provided on the Quality Management System work. The Annual Quality Report was also highlighted. **The group resolved that:** a) The update from the UHB QSE Committee was noted.	
CDTQSE 26/118	**Research and Development** RM noted that the Joint Research Governance Group was held last week. The meeting focused on the UK Clinical Trials Regulations which come into effect on 28th April. This has resulted in a requirement for Health Boards' procedures to be updated due to changes in terminology and processes. A discussion was held around informed consent in the research procedure. It currently requires a doctor to take	

	consent in the clinical trial of investigational medicinal products. However, the University was firm in its view that this should be extended to any registered professional that has the right competence. No conclusion was reached and a further meeting tis o be held in July to finalise the changes. **The Group resolved that:** a) Any colleagues that that would like to inform this discussion to contact RM with their views.	
CDTQSE 26/119	**Service Improvement Initiatives** Kate Blower, Shaping Change Partner is due to go on maternity leave. Cover arrangements are currently being considered. **The Group resolved that:** a) There were no initiatives to report.	
CDTQSE 26/120	**Information Governance/Data Quality** SO reported that the NHS Wales App went live in January. It is difficult to assess the impact as this was a national process led by colleagues in Digital Health and Care Wales (DHCW)., however, Physiotherapy has noted that there have been some issues relating to patients attending at the wrong sites. The Health Board has set up a group to look at data quality issues and develop a process for checking clinical information in PMS and patient information systems. **The Group resolved that:** a) There were no issues to raise.	
CDTQSE 26/121	**HIW/Llais Reports and Improvement Plans** The Patient Safety Team have undertaken an unannounced audit on medicines storage with support from Pharmacy colleagues. This was a theme highlighted by HIW when they visited clinical areas where they noted that drugs were left unattended and unlocked. Formal feedback is awaited but GT who participated in the audit noted that key issues identified related to multiple areas where controlled drug keys were attached to the main bench or not locked away. There were issues raised where a high number of cabinets and fridges that could not be locked. Newly opened ward areas have inherited broken furniture and out of date medicines that have not been returned to pharmacy. Good practice was noted in the Mental Health service at UHL.	

	The Group resolved that: a) There were no reports to be received.	
CDTQSE 26/122	**Policies, Procedures and Guidance (including NICE Guidance)** GT reported that the Medical Gases Safety Policy will be going out for wider consultation. GT and JW are the designated nursing officers for this Clinical Board for any issues. SS will present the Point of Care Testing Policy to the next meeting for comments. **The Group resolved that:** a) There were no local policies or procedures received for review or ratification.	**SS**
EFFICIENT		
CDTQSE 26/123	**Feedback from Directorate QSE Meetings** **The Group resolved that:** a) There were no issues to escalate.	
CDTQSE 26/124	**Clinical/Internal Audits** The Additional Learning Needs Audit Wales Report was circulated for information. **The Group resolved that:** a) Updates relating to internal and clinical audits were discussed earlier in the meeting. There were no further updates to report.	
CDTQSE 26/125	**Sustainability** As discussed earlier, 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 new bins for disposing waste into the required waste streams. The walking aids refurbishment scheme is continuing to realise sustainability benefits for the UHB and the latest statistics are available on the UHB SharePoint News page. **The Group resolved that:** a) The updates relating to sustainability were noted.	

EQUITABLE		
CDTQSE 26/126	**Equality, Diversity and Inclusion Issues/ Inclusion Ambassadors Update** HL asked managers to remind staff to record their level of Welsh Language skills on ESR as this is now a mandatory requirement. The Therapies CRI team received a Diverse Cymru Silver Award for their cultural competence work. Sarah Clements, Therapies Equality Lead, will be presenting the detail around this work at the next meeting. **The Group resolved that:** a) There were no issues to report.	
PERSON CENTRED		
CDTQSE 26/127	**Patient Story** Emily Jackson, Bleeding Disorders Pharmacist for the Bleeding Disorders Network Wales, presented a patient story where a patient's life was transformed through a new novel therapy for Haemophilia B. Haemophilia B is a genetic bleeding disorder caused by a deficiency in factor IX, a vital protein for blood clotting. It primarily affects males as it is linked to the X chromosome. Patients with Haemophilia B are graded at a severe level where the level of the factor present in the body is less than 1%, so technically absent in the body. Patients are less likely to be able to stop bleeding and will also suffer from microbleeds i.e. bleeding in their joints and muscles without necessarily recognising this. Over time this can lead to chronic arthropathy and disability, which can lead to reduced quality of life. Patients can also experience spontaneous life-threatening bleeds so it is imperative that this condition is recognised and effectively treated. Historically, patients were treated only when they had a visible bleed, usually with fresh frozen plasma. The importance of preventing bleeding and microbleeds was recognised and the modern standard focused on prevention. Prophylactic treatment became the modern standard for patients with severe Haemophilia B. Patients receive a Factor IX replacement therapy which is an injection into the vein to replace what their body lacks. This prevents spontaneous blees and prevents the risk of excessing bleeding from injuries. Over the past decade, there has been significant enhancement in haemophilia treatment. A more recent development being	

	extended half-life products. These allow patients to maintain protective factor levels for longer, meaning they no longer need multiple injections each week. Instead, they can usually typically manage with one injection per week. This reduces the overall treatment burden for patients and families and is gentler on veins. A new gene therapy, Hemgenix gives the body a functional copy of Factor IX gene to allow the body to produce its own Factor IX. This is a one-time treatment that should significantly reduce or even eliminate the need for any Factor IX infusions. There were significant challenges in bringing this new gene therapy treatment into use, working through detailed contractual and regulatory requirements and an extended NICE process. The treatment is very novel, so no long-term data is available and it is imperative that patients are clearly made aware of the risks associated with gene therapy. National working groups across the UK collectively collaborated on guidance resources. The infrastructure at SMPU required improvements to aseptically prepare and manufacture the product. Specific standards had to be met and the support and efforts of the SMPU staff was acknowledged, as this therapy could not have progressed without their efforts. In terms of costs, the average lifetime cost of prophylactic treatment is £9.8m. Gene Therapy is a very high-cost item with the approximate cost per dose of £2-3m. However, in the long term if patients no longer require Factor IX treatment, there is a potential lifetime cost saving per patient of £6.8m. Hemgenix was administered to the first patient in Wales in January. This treatment is not appropriate for all patients, as it is novel, patients need to be monitored closely multiple times a week in the first instance. With regards to this patient's journey, they were diagnosed with Haemophilia B at 11 months old following an oral bleed. They suffered recurrent bleeds as a child and had to be admitted to hospital at least twice a month. These admissions lasted 4-8 days at a time. The patient received fresh frozen plasma which was a huge burden on a child and family. At age 14, the patient was switched to on-demand factor concentrate for home treatment of bleeds. This did not prevent bleeds but treated them. At age 40 the patient began prophylactic treatment with standard factor IX which they could administer themselves 3 times a week. If a bleed was experienced, they received further treatment which limited their	

	quality of life. At age 58 he transitioned to extended half-life Factor IX and then at 61 years of age, they received the Hemgenix gene therapy treatment. Since receiving the therapy, the patient's factor levels have been closely monitored and fortunately they have not needed to continue receiving injections through the vein. Going forward, the impact on this patient's life should include less burden on their veins. Reduce the need for regular factor replacement prophylaxis and treatment. It should reduce the risk of bleeding and spontaneous bleeding. Reduce the risk of joint disease and the need for associated treatments and reduce the risk of surgical interventions related to admissions due to bleeding. Their quality of life will be much improved allowing them more freedom and the ability to take holidays without worrying about storing and taking treatment. The patient provided their perspective on having the opportunity receive gene therapy. They said 'having the opportunity to receive gene therapy is so extraordinary. This is pioneering treatment and being the first is an honour but also a responsibility. I am deeply aware that my experience will help inform what comes next for others in Wales and beyond. I have had a weekly injection to stop my bleeds for as long as I can remember, but being the first patient in Wales to receive gene therapy has meant an end to that. This is not a cure in the traditional sense, but it means I don't have to inject myself weekly anymore. Instead of repeatedly replacing the missing clotting factor, gene therapy gives my body the instructions it has always lacked, enabling it to produce Factor IX itself. Most of all, I feel proud, proud of how far treatment has come, proud of the clinicians and researchers who made this possible, and proud to stand at a moment where living with severe Haemophilia B may finally begin to look very different.'. The patient requested to meet with all the teams involved and it was pleasing to note this included staff from SMPU, who as non-patient facing staff do not always receive recognition and feedback on how their work contributes to the patient experience. In terms of future work, there are clinical trials ongoing for gene therapy in Haemophilia A and another Haemophilia B gene therapy. AL asked if any further patients are due to receive this treatment. It was noted that there are patients who are eligible and keen to participate, but due to the monitoring involved, particularly in the first few weeks, their circumstances are preventing their uptake. There is also a patient who has expressed an interest in the 2nd gene therapy that is in development.	

	The Group resolved that: a) GT and EJ will promote this patient story and good practice wider than this Clinical Board.	
CDTQSE 26/128	**Patient Experience Feedback** SO reported that the Patient Experience Team are improving services for patients who are deaf or experiencing hearing loss. One initiative is where the patient can use a link to contact a BSL interpreter. The BSL interpreter will then contact the relevant department in the UHB through a landline. They are able then to take the information through sign language from the patient and relay this through to the person on the end of the telephone. The person handling the query can then provide details to the BSL interpreter which is then fed back to the patient. Work is needed to provide a landline number that can be answered quickly so that interpreters are not placed in a queue as there is an associated cost to this. Health Records will be undertaking a trial supported by the Patient Experience team that will empower patients in the deaf community to contact WITS, the company that managers interpreters, to request an interpreter themselves. Presently admin staff make contact on behalf of the patient. HL shared the Clinical Board's CIVICA data for March. Overwhelmingly, patients fed back that they felt safe in terms of their care and the majority rated their overall experience as very good or good. **The Group resolved that:** a) The patient experience updates were noted.	
CDTQSE 26/129	**Internal/External Awards** A number of nurses from within this Clinical Board have been shortlisted in the awards at the Nursing and Midwifery Conference to be held on 13th May. The EPMA nursing team have also been nominated in the Special Recognition category. **The Group resolved that:** a) There were no internal/external awards to share.	
CDTQSE 26/130	**Good News Stories** **The Group resolved that:** a) There were no other good news stories to share.	

ITEMS TO RECEIVE/NOTE FOR INFORMATION		
CDTQSE 26/131	Regulatory Compliance Group Minutes 10.4.26	
ANY OTHER BUSINESS		
CDTQSE 26/132	It was noted that BJ is taking up a secondment in the Womens and Children Clinical Board. HL thanked her for her massive contribution to this group and wished her all the best in her new role.	
CDTQSE 26/133	**Date & Time of Next Meeting** The next meeting will be held on 19th May 2026 at 9am via Teams.	