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Cardiff and Vale  
University Health Board

**FINAL VERSION – APPROVED BY CHAIR**

**PCIC CLINICAL BOARD  
MINUTES OF THE QUALITY, SAFETY & EXPERIENCE GROUP  
TUESDAY 24<sup>TH</sup> MARCH 2026 11:00 – 13:00  
Venue: MS TEAMS**

**Attendees –**

- Chloe Neave, **CN**, Interim Senior Nurse for ICCS, PCIC
- Christopher Martey, **CM**, Multi-Professional Primary and Community Care Education Lead
- Dr Gneeta Joshi, **GJ**, Community Director for Governance, PCIC
- Dr Richard Baxter, **RB**, Community Director Quality Improvement and Governance, PCIC
- Eleri Thomas, **ET**, Quality and Safety Officer, PCIC
- Gareth Baker, **GB**, Head of People and Culture
- Hayley Pugh, **HP**, Interim Deputy Head of Operations Primary Care, PCIC
- Kate Morris, **KM**, Senior Pharmacist with Governance Lead, PCIC
- Kate Roberts **KR**, Deputy Director of Nursing (Interim), PCIC
- Lauranne Cullen, **LC**, Regional Director for LLAIS and Regional Lead for Patient Safety, Cardiff and Vale Region
- Lloyd Waygood, **LIW**, Deputy Head of Operations, Cardiff Locality, PCIC
- Matt Williams, **MW**, Interim Lead Nurse for ICCS, PCIC
- Rebecca Stringer, **RS**, Lead Nurse for Health Inclusion and Health Protection, PCIC
- Rhian Smith, **RS**, Interim Senior Nurse for Hospital Palliative Care Team
- Ruth Cann, **RC**, Consultant Nurse Older Vulnerable Adults, PCIC
- Susan Eshel, **SE**, Senior Nurse, Community Hospitals, PCIC
- Tracy Valade, **TW**, Interim Lead Nurse for ICCS - Community
- Victoria Whitchurch, **VW**, Head of Operations for Health Protection and Health Inclusion, PCIC

**Guest Speakers:**

- Debbie Denny, **DD**, Advanced Nurse Practitioner, Safe@Home, PCIC
- Helen May, **HM**, Palliative Care Occupational Therapist
- Ella Antebi, **EA**, Mental Capacity Specialist Practitioners, MCA Team, Safeguarding
- Lauren Lovett, **LL**, Palliative Care Clinical Nurse Specialist
- Sioned Owen, **SO**, Principal Analyst, IHSC Partnership

**Apologies:**

- Andrea Rich, **AR**, Lead Nurse for Palliative Care, PCIC
- Barbara Davies, **BD**, Interim Director of Nursing, PCIC
- Bethan Watkins, **BW**, Safeguarding Nurse Advisor, Corporate Safeguarding Team
- Clare Clement **CC**, Lead Pharmacist, PCIC
- Diane Walker, **DW**, Head of Integrated Discharge Service
- Dr Helen Cordy **HC**, Point of Care Testing Clinical Lead
- Dr Helen Kemp, **HK**, Clinical Director for Quality, Safety and Governance & Deputy Clinical Board Director
- Dr Huw Brunt, **HB**, Consultant, Public Health
- Dr Karen Pardy, **KP**, Deputy Clinical Board Director, PCIC
- Dr Rachel Lee, **RL**, Clinical Board Director, PCIC
- Eleri Crudgington, **EC**, Operations Manager, HMP Cardiff, PCIC
- Frances Woodyatt, **FW**, Senior Nurse, Integrated Discharge Service
- Helen Earland, **HE**, Clinic and Operational Lead for Urgent Primary Care, PCIC
- Janice Aspinall, **JA**, Anaesthetics Nurse, Anaesthetics
- Lisa Dunsford, **LD**, Director of Operations, PCIC
- Lisa Waters, **LiW**, Senior Nurse for Quality, Safety and Education, PCIC
- Lorna McCourt, **LM**, Staff Side Lead Rep role for PCIC

PCIC QSE 24<sup>th</sup> March 2026

- Rachel Armitage, **RAr**, Quality and Safety Manager, PCIC
- Rachel Thomas, **RT**, Director of Operations, PCIC
- Rebecca Gill, **RG**, Senior Nurse Primary Care, Primary Care
- Rebecca Hopes, **RH**, PCIC Academy Manager
- Rebecca Lewis, **RL**, Principal Public Health Practitioner
- Rhys Davies, **RD**, Head of Operations, Cardiff Locality
- Sarah Congreve, **SG**, Assistant Vale Locality Manager, PCIC
- Sarah Griffiths, **SaG**, Interim Head of Operations, Primary Care, PCIC

**Chair:** Kate Roberts **KR**, Deputy Director of Nursing (Interim), PCIC

**Minutes:** Tracey Skyrme, **TS**, Head of Inquests, Patient Experience  
 Eleri Thomas, **ET**, Quality and Safety Officer, PCIC

**March Agenda:** [00 PCIC QSE Agenda - 2026.03.24 - FINAL.docx](#)

**March Action Log:** [05.1 - Action Log PCIC QSE March 2026.docx](#)

ITEM NO.	TITLE	ACTION
<b>Part 1</b>	<b>ITEMS FOR DISCUSSION</b>	
2026/03/01	<b>Welcome &amp; Introductions</b> <i>Kate Roberts noted the attendees as listed on page one.</i>	
2026/03/02	<b>Apologies for absence</b> <i>As listed on pages one and two.</i>	
2026/03/03	<b>Declarations of interest</b> <i>None declared.</i>	
2026/03/04	<b>Minutes and Matters Arising</b> <i>The January 2026 minutes were deemed accurate and received final-sign off- <a href="#">04.1 - PCIC QSE January 2026 Minutes 2026.01.20 - FINAL VERSION.docx</a></i>	
2026/03/05	<b>PCIC Quality &amp; Safety Action Log</b> <i>The January 2026 action log was reviewed and updated - <a href="#">05.1 - Action Log PCIC QSE January 2026.docx</a></i>  <i>The March 2026 action log has been created and can be found here: <a href="#">05.1 - Action Log PCIC QSE March 2026.docx</a></i>	
2026/03/06	<b>Patient Story</b> <i>This was presented by Lauren Lovett (Clinical Nurse Specialist) and Helen May (Occupational Therapist) for the Palliative Care Service. The story was about collaborative working within the hospital Palliative Care Team (PCT) and external services.</i>  <i>The patient, a 56-year-old woman with learning disabilities and autism, was admitted to hospital with constipation and reduced appetite, later diagnosed with metastatic disease. She also suffered from a urinary tract infection and was non-verbal, making pain assessment and communication challenging. Her care involved close collaboration between the hospital Palliative Care Team, ward staff, and her long-term carers, who played a crucial role in interpreting her needs. Management included symptom control via a syringe driver and subcutaneous medications, as oral administration was not tolerated. Over seven weeks, her condition deteriorated rapidly, prompting fast track discharge planning for end-of-life care. After multi-disciplinary team (MDT) meetings, she was placed in a nursing home in Cardiff, where she died peacefully, surrounded by carers who had known her for 25 years.</i>  <i>Key lessons learnt from this case highlight the importance of collaborative, patient-centred care, especially for individuals with complex needs and communication barriers. The involvement of the wider MDT, community colleagues, and her familiar carers ensured continuity and comfort in her final days. Flexibility in symptom management and adapting routines to the patient's preferences were essential, as</i>	

	<p>was maintaining open communication among all stakeholders. The case demonstrates that effective teamwork and understanding the patient's cues can lead to dignified, peaceful end-of-life care, even in the face of significant challenges.</p>	
2026/03/07	<p><b>Risk Register/AMaT Update</b>                  Risk Register transfer to AMaT is ongoing with deadline noted as 31<sup>st</sup> March 2026. Rachel Armitage and Eleri Thomas are in conversation with Business Units around transfer and relevant training materials can be found here - <a href="#">Item 07.1</a></p> <p>Tracey Skyrme has been supporting with the transfer of risks.</p> <p>Matt Williams is formulating an email about the new structures or the ICCS Business Unit on AMaT; email to be circulated for comments in the next week.</p>	
2026/03/08	<p><b>PCIC Quality Report</b>                  No report available for this meeting.</p>	
2026/03/09	<p><b>Patient Safety Learning Review (PSLR) feedback</b>                  Two PSLRs currently open with neither ready for presentation during this meeting.</p> <p>The following was not discussed during the meeting but was noted on the agenda for information; the Rapid Review Tool for potential National Reportable Incidents (NRIs). This document now replaces the fact-finding tool for potential NRIs. Document here - <a href="#">Item 09.1</a></p>	
2026/03/10	<p><b>Information Governance</b>                  A reminder about a Counter Fraud alerts relating to phishing email attempts was noted. Kate Roberts asked all to be mindful of the phishing emails, especially GP practices as this alert highlights they are being targeted. Item linked here – <a href="#">Item 10.1</a></p> <p>Chris Martey stated the Counter Fraud team gave a talk at the GP CPET session. Video recording of the session can be <a href="#">found here</a>.</p>	
2026/03/11	<p><b>NMP (Non-Medical Prescribing) Governance Framework update</b>                  Non-medical prescribers need to be update their scope of practice by 31<sup>st</sup> March 2026. If it is not updated by 1<sup>st</sup> April 2026, the non-medical prescribers will not be able to prescribe. Full details here - <a href="#">Item 11.1</a></p> <p>No comments or concerns were raised by attendees.</p>	
2026/03/12	<p><b>Independent Monitoring Board update for HMP Cardiff</b>                  The following items were shared for information; the annual report from September 2024 - August 2025 (<a href="#">Item 12.1</a> ) and press release (<a href="#">Item 12.2</a>).</p> <p>Rebecca Stinger stated that the majority of the points from the report have been incorporated into the improvement plan for HMP Cardiff and are either completed, in progress, or actively being monitored.</p>	
2026/03/13	<p><b>Standard Operating Procedure - Administration of subcutaneous fluids overnight (Presentation, 10-15mins)</b></p> <p>Debbie Deny presented the following SOP - <a href="#">Item 13.1</a></p> <p>Debbie Denny noted that some patients with dehydration were coming into Safe@Home around 04:00 – 04:30. Currently subcutaneous fluids are administered between 08:30 until 18:00. Patients are missing fluids outside of that time frame. Work has been undertaken to address this, including having a responsible member of the family to support the administration of fluids overnight. The family are given a pack with troubleshooting advice from Safe@Home, it would be a case of turning off the infusion should there be issues. In daytime hours family to contact Safe@Home. There is no impact on other services. Informing the District Nursing Team and GP Out of Hours would know of the subcut fluids, but no need to act on it. It is an adjustment to the original policy, adding overnight administration. Currently administering normal saline, but 5% dextrose may be added at a later stage to a new SOP.</p> <p><b>Kate Morris</b> stated the Medicines Management team have not had oversight of this SOP. Katie Rawson, pharmacist supporting Community Care, can review the SOP</p>	

	<p>with Debbie Denny outside of the meeting. Once updated, it can then be brought back to a future PCIC QSE meeting for approval.</p> <p><b>ACTION: Debbie Denny to link in with Medicines Management team to review SOP (regarding a administration of subcutaneous fluids overnight) then bring back to a future PCIC QSE meeting.</b></p> <p>Kate Roberts noted that as this SOP has been developed from a District Nursing SOP, Tracy Valade and team to link in with Medicines Management team to review the District Nursing SOP as well.</p> <p><b>ACTION: Tracy Valade and team to review relevant District Nursing SOPs with the Medicines Management team.</b></p>	<p>Debbie Denny &amp; Meds Man team</p> <p>Tracy Valade &amp; Meds Man team</p>
<p>2026/03/14</p>	<p><b>Infection Prevention and Control (IP&amp;C)</b> The meeting noted the absence of an IP&amp;C representative.</p> <p>A full written IP&amp;C report is available (<a href="#">Item 14.1</a>), showing a slight increase in MSSA, Klebsiella, and E. coli cases.</p> <p>Ongoing issues remain with some RCA returns for C. difficile, which have been under discussion for several months.</p> <p><b>Kate</b> invited any specific updates regarding C. diff RCAs; <b>Hayley Pugh</b> confirmed she had no further updates from General Practice.</p>	
<p>2026/03/15</p>	<p><b>Safeguarding Metrics</b></p> <p>Please see full report here: <a href="#">Item 15.1</a></p> <p>Kate Roberts noted the March 2026 report shows a lot of open children safeguarding referrals. Matt Williams stated this may be from 111 press 2 service whereby there are children in the household and this generates a referral.</p> <p><b>ACTION: Matt Williams to find out how many of the children's safeguarding referrals are generated from 111 press 2.</b></p> <p>For the Safeguarding Training MCA level 2, Hayley Pugh shared the Medical and Dental figures have only been updated the previous week so may not be reflected in the report linked above.</p> <p>Kate Roberts noted an improvement in the Consent Training figures.</p> <p>Specialist Safeguarding level 3 uptake is low and requires improvement. Chris Martey noted that before COVID, some modules were part of CPET sessions and practices contacted the Academy for available options. There is a need to clarify staff training completion linked to ECOD, which Chris Martey will discuss with the Safeguarding team in an upcoming meeting.</p> <p>Kate Roberts reported that the incidence of pressure damage increased during the winter months, which was anticipated. However, the occurrence of avoidable pressure damage remains low. The pressure scrutiny panel continues to convene weekly to review cases.</p> <p>Tracy Valade advised that data regarding pressure damage is systematically collated in a spreadsheet. She noted that recurring themes include patients not adhering to the use of their prescribed equipment. At present, there are no outstanding NRIs. She also highlighted that the presentation on focused reviews has been well received,</p>	<p>Matt Williams</p>

	<p>particularly in instances where District Nursing teams are able to make optimal use of satellite stores and have timely access to necessary equipment.</p> <p>The following item was noted regarding a briefing on a Sexual Health Service Incident – <a href="#">Item 15.2</a></p> <p>Rebecca Stringer noted that concerns have been identified by Public Health Wales regarding the handling of red flags for Child Sexual Exploitation (CSE) within the test and post service, specifically that these concerns have not been escalated to the Health Board via the proper channels. The Health Board, in collaboration with the Head of Safeguarding, is reviewing relevant cases from Public Health Wales to confirm whether appropriate notifications were made by the Health Advisory Service and Sexual Health, and to ensure internal safeguarding protocols have been followed by the Department of Sexual Health. To date, 26 cases have been reviewed and referred to Fiona Bullock. Additional cases have been made accessible for further review, and oversight findings must be reported back to Safeguarding by 3<sup>rd</sup> April 2026.</p> <p>Rebecca Stringer noted that a further concern has been raised publicly concerning the screening and testing for hepatitis C in HIV patients, including related governance issues. The Clinical Director has met with Safeguarding to discuss this and will provide feedback in due course.</p>	
<p>2026/03/16</p>	<p><b>Annual MCA Audit Feedback (Presentation)</b></p> <p>Ella Antebi presented the findings of the annual audit conducted in January 2026, focusing on the Health Board's compliance with the Mental Capacity Act (MCA) and highlighting PCIC-specific statistics. The audit aimed to identify areas of good and poor practice to inform recommendations for learning and potential safeguarding projects. This year, the methodology was updated using AMAT for data collation, with expanded criteria including Deprivation of Liberty Safeguards (DoLs) and restraint. The review encompassed a broader scope across Children and Women's and PCIC Clinical Boards, though eligible patient numbers were small. Medical notes for hospital wards were capped at six months, and digital records were included; for PCIC, 16 records were reviewed, revealing 3 mental capacity assessments and 3 best interest decisions.</p> <p>Audit results indicated significant challenges in documentation and lawful process adherence. Across the Health Board, only 7% of capacity assessments were properly documented—a decrease from last year—and lawful process for restraint was followed in just 6% of cases. In PCIC, although 100% of DoLs cases were recognised and enacted appropriately, the sample size was only two. Worryingly, 93% of cases overall did not meet statutory requirements for mental capacity assessments, and proforma usage dropped from 21% to 7%. Common errors included absent documentation of the causative nexus and inadequate assessments, with compliance rates as low as 2% for best interest decisions by Allied Health Professionals and 30% for Form 4 proformas. The audit also found that practical support for decision making was documented in only 6% of Medicine CB cases and not at all in PCIC files.</p> <p>Positive findings included a 22% improvement in documentation of how best interest decisions were reached, though awareness and use of the best interest proforma remain low. Recommendations from the audit involve sharing results with Clinical Boards for action planning, increasing representation at MCA focus groups, raising awareness of new paperwork, and reviewing training offerings to improve staff confidence and practical application. The introduction of 'Level 3' MCA and best interest workshop days, specialist webinars, and participation in practical programmes are planned to address gaps. The audit underscores the need for improved documentation, lawful process adherence, and staff training to ensure compliance and better outcomes for patients under the MCA.</p> <p>Ruth Cann thanked the team for their presentation, acknowledged improvements in mental capacity assessments and staff engagement with MCA principles, but</p>	

	<p><i>expressed concern that the audit may not fully capture the progress and quality evident in day-to-day practice.</i></p> <p><i>Ella Antebi also expressed surprise at the audit findings, noting that while staff engagement and requests for MCA advice have increased and practical improvements are evident, the audit results do not fully capture the complexity or quality of day-to-day practice, with Ruth Cann highlighting a need for qualitative evaluation alongside quantitative data.</i></p> <p><b><i>ACTION: Kate Roberts to instigate a PCIC audit relating to MCA documentation to aid a deep-dive review to understand the issues affecting PCIC.</i></b></p>	<p>Kate Roberts</p>
<p>2026/03/17</p>	<p><b>Effective Referral Triage Standard Operating Procedure</b></p> <p><i>This has been approved and is for noting - <a href="#">Item 17.1</a></i></p> <p><i>A process of formal communication to support implementation across the Health Board in due course.</i></p>	
<p>2026/03/18</p>	<p><b>Future Care Planning pilot</b></p> <p><i>Sioned Owen provided an overview of the following briefing paper and report - <a href="#">Item 18.1</a> and <a href="#">Item 18.2</a>. Attendees received an update on the Future Care Planning Pro Pilot, detailing the secure creation and sharing of care plans for patients, technical and governance progress, and preparations for the initial launch and evaluation with three GP practices.</i></p> <p><i>The group discussed the intended April go-live for three pilot GP practices, the ongoing and flexible evaluation period, and plans to gather feedback from GPs and patients to assess the pilot's progress and potential for wider implementation.</i></p> <p><i>It was noted that, while the pilot currently restricts digital care plan access to GPs and WAST, early engagement with other community care teams is underway, with future plans to expand system access depending on pilot outcomes and technical feasibility.</i></p> <p><i>Rhian Smith queries about an ongoing wristband pilot led by Velindre and the Cardiff &amp; Vale supportive care team, which enables access to patient records via a QR code and aligns with wider digital care planning objectives. It was noted that both the wristband and digital care plan initiatives are coordinated under the Future Care Planning Steering Group, with a meeting scheduled to clarify communication, roles, and to address the potential risk of duplication in care plan documentation.</i></p> <p><i>The pilot was given approval by the group and Sioned Owen was encouraged to present findings from the pilot in a future PCIC QSE meeting.</i></p>	
<p>2026/03/19</p>	<p><b>Compliments</b></p> <p><i>Please see attached document for comments <a href="#">Item 19.1</a></i></p> <p><i>Eleri Thomas encouraged staff to share any compliments received so they can be shared more widely at future PCIC QSE meetings.</i></p>	
<p>2026/03/20</p>	<p><b>Concerns</b></p> <p><i>Please see details shared across the Health Board via SharePoint site here - <a href="#">Item 20.1</a></i></p> <p><i>From 1<sup>st</sup> April 2026, the concerns process will change from Putting Things Right to a new approach called Listening to People. Official Welsh Government documentation is still awaited and will be circulated once received. The QS&amp;E team will continue forwarding concerns to the appropriate teams. A key change is the introduction of a 10-working-day Early Resolution stage, intended to resolve issues sooner and reduce escalation to formal concerns. Staff should expect some changes in language and</i></p>	

	<p>possibly updates to draft response templates, which will be communicated once provided by the concerns team. Hayley Pugh noted that this also applies to independent contractors but there has also been no guidance to circulate for information currently.</p>	
2026/03/21	<p><b>Mortality Review Process –</b></p> <p>Health Inclusion update from DrAyla Cosh and in relation to mortality review process a new national category has been introduced to flag cases where the patient is affected by health inclusion factors.</p> <p>Details here - <a href="#">Item 21.1</a></p>	
2026/03/22	<p><b>POCT Update</b></p> <p>No representation from the POCT team.</p> <p>INR policy remains ongoing and the POCT Team are occupied with the blood gas refresh.</p>	
2026/03/23	<p><b>Individual Care</b></p> <p>No items noted under this heading.</p>	
2026/03/24	<p><b>PCIC Academy Updates</b></p> <p>Please see following items for information:</p> <ul style="list-style-type: none"> <li>• PCIC Academy Women's Health Education and Training Offer (<a href="#">Item 24.1</a>)</li> <li>• PCIC Academy Newsletter October 2025 (next Newsletter out April 2026) <a href="#">Item 24.2</a></li> <li>• PCIC Academy Padlet Site (<a href="#">Item 24.3</a>)</li> </ul> <p>Christopher Martey highlighted recent major work by the Primary Care Academy, particularly around the National Women's Health Strategic Plan. The team has been delivering a significant amount of education and training, both online and face-to-face, which has been very successful. Recent in-person sessions brought together GPs, Allied Health Professionals, nurses, pharmacists, and colleagues from gynaecology and obstetrics.</p> <p>Christopher Martey noted the launch of their new Padlet site, which acts as an accessible, one-stop shop for training information—especially useful for independent contractor services. The site includes details of available education programmes, including healthcare support worker training and the women's health training brochure. A newsletter summarising current work is also due for release soon.</p> <p>Hayley Pugh noted that information from the PCIC Academy can be shared via the weekly GP newsletter distributed by the Primary Care team.</p>	
2026/03/25	<p><b>Public Health Newsletter</b></p> <p>The following newsletters were noted for information sharing:</p> <ul style="list-style-type: none"> <li>• January 2026 – <a href="#">Item 25.1</a> and <a href="#">Item 25.2</a></li> <li>• February 2026 – <a href="#">Item 25.3</a></li> </ul>	
2026/03/26	<p><b>Counter Fraud Newsletter</b></p> <p>The February 2026 newsletter was noted for information sharing: <a href="#">Item 26.1</a></p>	
2026/03/27	<p><b>Business Unit Updates</b></p> <p><u>ICCS</u></p> <p>The following papers were noted for information:</p> <ul style="list-style-type: none"> <li>• <a href="#">Item 27.1</a> - CAV Locality QSE minutes</li> <li>• <a href="#">Item 27.2</a> - ART/Safe@Home/CAV24/7</li> <li>• <a href="#">Item 27.3</a> - Community</li> </ul>	

Tracy Valade reported a significant volume of referrals from Compass to Nurse Assessor teams requesting Decision Support Tools for Continuing Healthcare (CHC). She highlighted an increase in referrals related to continued healthcare and the need to streamline processes.

Kate Roberts has escalated the Compass issue to the All-Wales Heads of Long-Term Care Group, aiming for a generic response to be shared once finalised.

Matt Williams discussed maintaining the QSE agenda within the Business Unit, suggesting it remains on two separate branches while considering the practicality of a single meeting for the entire unit, which may prove too inflexible.

Medicines Management and Community Pharmacy

Please see paper here - [Item 27.4](#)

Kate Morris advised that all medicines management groups across the Health Board have recently been reviewed and restructured. As part of this wider organisational change, PCIC has undertaken a review of its current medicines management arrangements.

Members were informed that a proposal is currently under consideration by the Clinical Director of Pharmacy and Medicines Management, Tim Banner, alongside the PCIC Senior Management Team (SMT). The proposal recommends remodelling the existing PCIC Medicines Management Group into a Medicines Governance and Safety Group. The proposed group would act as the overarching governance forum for all medicines-related matters, bringing together medicines management advice and oversight across all PCIC Business Units. All governance- and safety-related medicines issues would be managed through this single group. Subject to approval, PCIC will engage with business units to seek appropriate representation on the expanded group to reflect its strengthened remit. Kate Morris noted that this was a positive development, which would improve coordination, oversight, and the ability to address recurring medicines-related issues previously highlighted.

Health Inclusion and Health Protection

Please see report here - [Item 27.5](#)

Rebecca Stringer A meeting was held with the Safer Custody Deputy Governor, alongside other Heads of Function at HMP Cardiff, to review PPO (Prisons and Probation Ombudsman) recommendations as part of the HMP assurance process.

It was highlighted that there are over 40 outstanding PPO recommendations for which there is currently no supporting evidence. Many of these are historic and pre-date current postholders; however, it was acknowledged that in order to demonstrate meaningful learning from deaths in custody, a review of these recommendations will be required, with clear evidence of actions and assurance.

Members were reminded that a recent death in custody occurred a few weeks ago. A fact-finding investigation has been submitted to NRI, and an Investigating Officer (IO) has now been appointed under PSLR arrangements. The PPO is currently undertaking interviews with staff, with health teams providing appropriate support from an HMP perspective.

The Leaders That Listen team from Public Health recently visited the Department of Sexual Health and provided positive feedback noting they were impressed by the service. CAVHIS have won a Safeguarding in Excellence award for their work in the Emergency Unit (EU) and In-Reach. The team are exploring options to see if prison patients can access care through the EU and In-Reach processes in future.

Rebecca Stringer noted that a proactive approach has been adopted in response to the recent Men B outbreak in Kent, including catch-up immunisation clinics for children up to two years old commencing this weekend, with strong uptake for teenage boosters

	<p>covering ACWY, diphtheria, tetanus and polio. Additionally, following a hepatitis A outbreak, 29 year two children, four adults, and eight individuals in out-of-school provision in Barry have been vaccinated, with a further 20 14–15-year-olds scheduled for vaccination this weekend.</p> <p><u>Primary Care</u></p> <p>Please see report here – <a href="#">Item 27.6</a></p> <p>Hayley Pugh noted that relevant Men B information has been shared with GP practices to help manage students who may be returning to Wales for the Ester holidays.</p> <p><u>PCIC Academy</u></p> <p>Please see section 2026/03/24 for information.</p>	
2026/03/28	<p><b>Any Other Business to be discussed</b></p> <p><u>Displacement of a Balloon Retained Gastrostomy Feeding Tube Pathway</u> This item was noted for information and has been circulated to all community teams previously - <a href="#">Item 28.1</a></p> <p><u>Cardiac Parkrun</u> This was shared for information regarding an event to be held on the last Saturday of the month - <a href="#">Item 28.2</a></p> <p><u>Fit Note SOP</u> This item relates to SLA held between a GP practice and the UHB for Physio services. Details here - <a href="#">Item 28.3</a> and <a href="#">Item 28.4</a></p> <p><b>ACTION: All to review the fit note SOP and share any comments to Eleri Thomas within 2 weeks.</b></p>	All
<b>PART 2</b>	<u>PART 2: Items to be recorded as Received and Noted for Information by the sub-Committee</u>	
2026/03/29	<p>All items below have been previously circulated as appropriate.</p> <p><a href="#">PCIC Central Register – Comms &amp; Alerts</a></p>	
<p><b>Date and time of next meeting: Tuesday, 26th May 2026, 11am</b></p>		