



**Minutes of the Specialist Services Clinical Board
Quality, Safety & Experience Committee
Thursday 07 May 2026
Via Teams**

MINUTES


Chair:		
Cath Twamley	CT	Interim Director of Nursing, Specialist Services
Mat Davies	MD	QSE Lead for Specialist Services
Present:		
Bethan Owen	BO	Senior Nurse, Neurosciences
Chloe Evans	CE	MCT
Catherine Gale	CGa	Senior Nurse, Nephrology & Transplant
Colin Gibson	CG	Consultant Clinical Scientist
Carly Simpson	CS	Lead Nurse, Neurosciences
Emma Kempshall	EK	Consultant Haematologist
Gavin Cooper	GC	Service Manager, ALAS
Gayle Smith	GS	Directorate Manager, Cardiothoracics
Hayley Valentine	HV	Critical Care
Jane Morris	JM	Senior Nurse, P@RT
Jordan Wills	JW	Service Manager, Haematology
Kevin Nicholls	KN	Manager, Critical Care
Kerry Richards	KR	Nephrology & Transplant
Lisa Higginson	LH	Lead Nurse, Nephrology & Transplant
Lewis Whitehorn	LW	Assistant Service Manager, Cardiothoracics
Michelle Abel	MA	IP&C
Maria Bassett-Davies	MBD	Major Trauma Practitioner
Nicholas Denny	ND	Quality & Safety Improvement
Nick Gidman	NG	General Manager, Haematology
Richard Hinge	RH	QSE Lead, Haematology
Rachel Long	RL	Directorate Manager, Nephrology & Transplant
Ryan Paxford	RP	Senior Fire Safety Officer
Tracey Vine	TV	QSE Facilitator for Specialist Services
Secretariat		
Kim Abberley	KA	Administrator
Apologies:		
Bev Oughton	BO	Senior Nurse, Cardiothoracics
Ceri Phillips	CP	Lead Nurse, Cardiothoracics
Kirsty Britton	KB	Senior Nurse, Nephrology and Transplant
Siwan Jones	SJ	Clinical Nurse Specialist, IP&C
Sian Williams	SW	Senior Nurse, Cardiothoracics

Item No	Agenda Item	Action
Part 1: Preliminaries		
1.1	Welcome & Introduction CT welcomed everyone to the meeting	

<p>1.2</p>	<p>Apologies for Absence</p> <p>Apologies for absence had been received from Bev Oughton, Ceri Phillips, Kirsty Britton, Siwan Jones and Sian Williams</p>	
<p>1.3</p>	<p>Review the minutes of the previous meeting and matters arising</p> <p>The minutes from the previous meeting held on 26th March 2025 had been circulated. No amendments were required to the minutes, and they were, therefore, accepted.</p> <p>Actions</p> <p>RW to meet with CG to discuss the role of MDSO Ongoing. RW has met with CG. CG has provided RW with information regarding the role of MDSO. RW will talk to colleagues regarding the role of MDSO and will let CG know the outcome.</p> <p>CT and MD to direct Damian Bridgeman to the best forum to discuss the People's Rights Plan and his proposed partnership. Completed</p> <p>SJ to send CT a list of all the outstanding IP&C RCAs Completed</p> <p>CT to re-share the email regarding capturing compliance with the new resuscitation guidelines. Capturing compliance with the new resuscitation guidelines to be discussed at individual directorates' Q&S meetings. Completed</p>	 <p>Draft QSE Minutes 26.03.26.docx</p>
<p>1.4</p>	<p>Presentations</p> <p>Annual MCA Audit Feedback <i>Chloe Evans, MCA and Consent Lead, Safeguarding Team</i></p> <p>CE introduced herself, shared her screen, and presented the feedback from the MCA Scoping Audit 2025-2026 (presentation attached). The aim and objectives of the audit was to gain an understanding of compliance across the Health Board and to look at themes in relation to any good or poor practice.</p> <p>The MCT wants to share the learning at quality and safety meetings, so that staff can assist in what needs to be done going forward to improve practice.</p> <p>The MCT had previously asked that all areas have a representative on the MCA focus group to assist in the flow of information, and for representatives to feedback problems and disseminate information across the board.</p> <p>Improvement in guidance and policy is being looked at around DoLS and a DoLS policy is currently being written.</p> <p>A staff survey is currently being put together to look at barriers to complying with the Mental Capacity Act as there might be a lot of things that haven't been considered by the team, and that will help in what can be provided and how to streamline the service to fit with the needs of the Health Board.</p> <p>Training is available to staff, and the team also want to raise awareness of where the resources can be found and how to get information out across the Health Board.</p>	 <p>Specialist.pptx</p>

<p>1.5</p>	<p>Exception reports and escalation of key QSE issues from directorate QSE groups</p> <p>AMaT used with a focus on objective discussion and risk moderation. CT asked each Directorate to highlighted their highest risks and any reviewed or new risks.</p> <p>Critical Care: Nothing new to share regarding risks Very successful roll out of ePMA Estate issues and infrastructure are the longest standing and highest scoring risks. Also picked up via OHSG and newly formed CB Estates Concerns Collaborative meeting.</p> <p>HV is starting her maternity leave in the near future and CT thanked HV for all her hard work and for bringing a huge amount to the QSE agenda.</p> <p>Nephrology & Transplant: Current highest risk of 20 is the RO dialysis water plant and a reflection of the maintenance reliability and contingency planning around responsiveness to errors and frequency of failure. Tina Bayliss and Jess Castle have agreed to discuss this further with Estates.</p> <p>Haematology: A number of high scoring issues are on the risk register with a score of 25. The key risk is re. the potential loss of JACIE accreditation. The JACIE risk represents a critical strategic and operational threat to the BMT service, driven primarily by estates compliance issues and the need for urgent capital upgrade, with active mitigation underway but significant residual risk during the transition period. A lower but key scoring risk is the current works aligned with the ongoing day Unit redevelopment with need to temporarily close and reconfigure services. Some risks have been successfully reduced/closed, including:</p> <ul style="list-style-type: none"> • Recruitment to senior nursing posts (e.g. TCT, haemostasis services) • Progress on ALL CNS recruitment (All-Wales role) <p>ALAS: The key risks are scoring 20. The Electronic Assistive Technology Service (EATS) within ALAS has had a spike in paediatric referrals which has exacerbated workforce constraints and led to unacceptable delays in assessment and intervention. Active joint stakeholder discussions ongoing aligned with demand / capacity paper to clearly detail position and additional resource has been approved to support team and mitigate risk. The other key risk is the need for ongoing funding support for the patient database system, including upgrade requirements to sustain service delivery</p> <p>Neurosciences:</p> <p>Neurosciences reported positive movement with review and reduction of previously high-scoring risks due to local mitigation, actions and improved stability in the Epilepsy Service.</p> <p>RTT (Referral to Treatment) Pressure – Partial Improvement</p> <ul style="list-style-type: none"> • A previously escalated RTT target risk (e.g. Taf pathway) has been removed/reduced following: <ul style="list-style-type: none"> ○ Sustained operational effort and intervention • Indicates improving performance trajectory, though: 	
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	<ul style="list-style-type: none"> ○ Cardiff neurology RTT risk remains high and ongoing. <p>Other key risks elated to the unmet acute therapies provision for neurological patients. This was part of a business case that was submitted to the JCC about 18 months ago. Unfortunately, this hasn't progressed but closely working with colleagues in therapies continues to get the most out of the provisions available.</p> <ul style="list-style-type: none"> ● Stroke Services identified as an emerging risk related to workforce gaps (Band 5/6 and leadership) and staffing model with fact finding and early mitigation underway. <p>Major Trauma: The Major Trauma service is carrying a high-level risk (score 20) due to failure to secure funding from a submitted business case. The absence of funding has resulted in multiple interrelated workforce and service risks:</p> <ul style="list-style-type: none"> ● Pain nursing resource gaps ● Inequity in psychiatry and psychology provision (notably reliant on very limited staffing) ● Single-point-of-failure roles (e.g. "one-person" services) ● Emergency Department (EU) resource constraints for trauma patients <p>P@RT: Nil to update / escalate</p> <p>Cardiothoracic: Nil to update / escalate</p> <p>LH raised a question regarding risks that do not score 20 and above that won't be escalated through CB QSE and raised concern that they may inadvertently become inactive. CT said that local risk registers and actions address these risks but that they can be brought to Performance reviews and escalation to the CB made as indicated.</p>	
Part 2: Safe Care		
2.1	<p>Nationally Reportable Incidents</p> <p>Position update and reminder re. ongoing focused work to address those out of time and complete outstanding actions plans with DMTs . Q&S leads and individuals</p>	CT
2.2	<p>Vaccinations</p> <p>KB had sent her apologies with a note to say that she had no new updates to share.</p>	
2.3	<p>Alerts/Patient Safety Notices Specialist HCAI report</p> <p>A safety notice on a change to Gentamicin prescribing had been widely shared. A new approach to Gentamicin dosing was launched in April using the Gentamicin dose calendar to calculate it in order to help reduce the frequency and severity of errors.</p>	

2.4	<p>Healthcare Associated Infections Specialist HCAI report</p> <p>SJ had sent her apologies for the meeting, Michelle Abel had, therefore, attended the meeting to provide the report for April</p> <p>C Diff – 1 case MRSA – 1 case, chest related MSSA – 3 cases, 1 IV related Klebsiella – 0 cases Pseudomonas – 1 case E Coli – 2 cases, 1 urinary related and 1 GI related</p> <p>RCA's All RCA's have gone out, unsure of the return rate</p> <p>CT asked MA to share her report.</p>	 Specialist IPC Report May 2026.do
2.5	<p>Specialist Services Medical Devices Safety Officer Update</p> <p>No update or anything urgent to raise</p>	
2.6	<p>Resuscitation Clinical Board Monthly Report</p> <p>Resuscitation Guidelines update (G2025) compliance discussed.</p> <p>AJ not in attendance.</p>	
2.7	<p>Safeguarding</p> <p>Nil for sharing. Next SSG meeting scheduled for May 20th 2026.</p>	
Part 3: Governance, Leadership and Accountability		
3.1	<p>Health & Safety OHSG update</p> <p>JD was not in attendance as he was on annual leave There were no specific issues to raise.</p> <p>RP had to leave the meeting but left a comment asking people to contact him directly if they had any queries regarding fire training. KN queried the number of fire training sessions required to allow all staff across the organization to attend face to face. It was suggested that Teams sessions would be the way forward to support face to face sessions. RL said that she would discuss this issue with RP and will feedback his response. Following further discussions regarding fire training, CT said she would contact RP to clarify the situation regarding fire training sessions.</p> <p>Action: CT to discuss fire training sessions with RP</p>	
3.2	<p>Mortality and Morbidity</p> <p>The team continue to look at the map for mortality review. ND made a request for volunteers, including clinicians, to test the system to see if it useful and to provide feedback.</p>	

Part 4: Items to be recorded as received and noted for information by the committee		
4.1		
Part 5: Any other business		
5.1	<p>Tier 1 and Tier 2 audits</p> <p>Reconciliation of Tier 1 and Tier 2 audits taking place within the CB and planned to inform the Audit Plan. CT had recently circulated an email to the service managers, directorate managers and the lead nurses regarding this issue. . If anyone has any queries regarding this then CT and MD will be happy to assist.</p> <p>Helipad</p> <p>KN informed the group that the helipad at UHW is to be closed for a few weeks in May to upgrade the fire systems. It is understood that during this period patients will be flown to the heli-station at the docks and then transferred by ambulance to hospital.</p>	
Part 6: Action log		
6.1		
Part 7: Date of next meeting		
7.1	The next meeting will be held on Thursday 18 June 2026; 09.30-11.00; via Teams	