

Held on 5th August 2025 via MS Teams

To view the meeting: [CAVUHB Quality Committee 05.08.2025](#)

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
Clive Curtis	CC	Independent Member - Community
In Attendance		
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Paul Bostock	PB	Chief Operating Officer
Jason Roberts	JR	Executive Nurse Director
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Matt Phillips	MP	Director of Corporate Governance
David Fluck	DF	Executive Medical Director
Angela Hughes	AH	Assistant Director of Patient Experience
Claire Beynon	CB	Executive Director of Public Health
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Adam Christian	AC	Clinical Board Director – CD&T
Sarah Lloyd	SL	Director of Operations – CD&T
Helen Luton	HL	Director of Nursing – CD&T
Eloise Hamon	EH	Specialty Registrar in Public Health
Rachel Dix	RD	Lead Nurse – Adult Mental Health
Natasha Goswell	NG	Deputy Executive Nurse Director
Suzanne Rankin	SR	Chief Executive Officer
Observers		
Lauranne Cullen	LC	Regional Director for Llais
Lucy Jugessur	LJ	Deputy Head of Internal Audit
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Steve Riley	SR	Independent Member – University

QC 2025/08/1.1	Welcomes, Introductions & Apologies The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh. Apologies for absence were noted.	ACTION
QC 2025/08/1.2	Declarations of Interest No declarations of interest were raised.	
QC 2025/08/1.3	Minutes of the Committee meeting held on 24.06.2025	

	<p>The minutes of the Committee meeting held on 24.06.2025 were received.</p> <p>The Committee resolved that:</p> <p>a) The minutes of the meeting held on 24.06.2025 were approved as a true and accurate record of the meeting.</p>	
<p>QC 2025/08/1.4</p>	<p><u>Action Log following the Meeting held on 24.06.2025</u></p> <p>The Action Log following the Meeting held on 24.06.2025 was received.</p> <p><u>QC 25/06/007 - Nationally Reportable Incidents (NRIs)</u> - the CC and Executive Nurse Director (END) noted that whilst they had discussed the Shaping Our Future Quality Excellence (SOFQE) programme, they had not decided on the frequency to bring it to the Committee. The CC welcomed the Committee's comments.</p> <p>The Assistant Director of Quality and Patient Safety noted this was captured in the Quality Indicators report and would provide an overview of each project as part of the report.</p> <p>The END suggested they bring a 6-month update to the Committee on the SOFQE programme in its totality – ACTION.</p> <p><u>QC 25/06/009 - IP&C Position Update</u> – The Assistant Director of Patient Experience (ADPE) noted that they had not had a discussion but would look at role profiles to utilise volunteers for this work.</p> <p>The ADPE suggested bringing an update to the next Committee – ACTION.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 24.06.2025 was noted.</p>	
<p>QC 2025/08/1.5</p>	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
<p>QC 2025/08/2.1</p>	<p><u>CD&T Clinical Board Assurance Report</u></p> <p>The Director of Nursing – CD&T (DN-CD&T) presented a patient story to the Committee about a woman who suffered a sudden stroke and was rapidly brought to hospital, where she received thrombolysis and a mechanical thrombectomy. Her story demonstrated the transformative impact of the new thrombectomy service and the importance of rapid, multidisciplinary care.</p> <p>The Executive Medical Director (EMD) noted that timing was critical and asked whether they were working on all parts of the pathway. He also asked for a timeline on when the service would be expanded to 24/7 coverage.</p> <p>The DN-CD&T responded that colleagues in the stroke service and Emergency Unit (EU) were actively tracking the pathways, with radiology focusing on CT timing as a Key Performance Indicator (KPI).</p> <p>Regarding timelines, the Director of Operations – CD&T (DO-CD&T) responded with the following:</p> <ul style="list-style-type: none"> • The thrombectomy service was initially expected to scale up over several years. However, with more successful recruitment, the outlook was more positive. 	

- They were working with the Joint Commissioning Committee (JCC) on a fast-track approach and planned to present to the Senior Leadership Team (SLT) in September 2025, with the aim to expand the service hours from April 2026.
- The clinical teams were currently refining the details to ensure all parts of the system could scale sustainably, including growing the stroke team at the front door in parallel with radiology.

The Chief Executive Officer (CEO) commented that not all stroke patients were eligible for thrombectomy, and there was a benchmark for the proportion who should receive it. She suggested that benchmarking data would be useful going forward across Wales.

The CC suggested that the Clinical Board provide an update to the committee on the proportion of eligible stroke patients receiving thrombectomy, including benchmarking data, performance data, and trajectory – ACTION.

The DO-CD&T noted that they had a performance dataset that would be shared with the JCC which covered key metrics across pathways to guide improvements. It also included the percentage of patients receiving thrombectomy.

The CC noted that this data formed part of the Quality Indicators report.

The Executive Nurse Director (END) asked whether they were collecting data to compare past outcomes with current ones, including patient experience and survival rates.

The DO-CD&T responded she would clarify this with SSNAP and confirm the metrics available.

The Executive Director of AHPs, Health Scientists and Community Services Development (EDAHC) noted that the SSNAP database benchmarked nationally and allowed patient-level analysis. Time to treatment was recorded for each patient and was a key factor in improving outcomes.

The DN-CD&T presented the report to the Committee which detailed the arrangements, progress and outcomes within the CD&T Clinical Board in relation to the quality, safety and patient experience agenda over the past 12 months. It outlined the achievements and innovations leading to improved quality and care for patients and described some key challenges, risks and the mitigations in place to continue into 2025/26.

The Committee Vice Chair (CVC) highlighted the paediatric radiology team's shift from using general anaesthetic to a more patient-centred approach. She asked how it came about, and whether they would replicate this success.

The DO-CD&T responded with the following:

- The radiology team, supported by Child Health colleagues, explored alternatives to MRIs under general anaesthetic and introduced a "sleep list" approach – mainly for babies – avoiding general anaesthetic where possible.
- Whilst not parent led, some team members were parents who welcomed this option.
- It was still early, with six lists trialled so far. Not all were successful, but the team were continuing to evaluate and would present their findings at an internal QSE meeting to discuss next steps and support needed.

The Independent Member – Trade Union (IM-TU) asked about the incident where a baby sustained a burn injury in a community setting. He asked in these cases, who held accountability.

	<p>The DN-CD&T responded with the following:</p> <ul style="list-style-type: none"> • It was a complex investigation which involved a creche provider and a community facility, which had been risk assessed by CAV’s dieticians, and the creche was responsible for monitoring the children. Safeguarding processes external to the UHB were involved. • As a result, they had shared wider learning across therapies and reviewed risk assessments for community centres. • They were aiming for a more robust system going forward, as community centres remained the right setting for these sessions. <p>The EDAHC noted that these incidents highlighted the need for clearer accountability. They needed better risk assessments and clear agreements to map out responsibilities and mitigate risks.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> A) The progress made by the clinical board to date was noted B) The content of the report and assurance given by Clinical Diagnostics and Therapeutics Clinical Board was noted 	
<p>QC 2025/08/2.2</p>	<p><u>Quality Indicators Report</u></p> <p>The Assistant Director of Quality and Patient Safety (ADQPS) and the Assistant Director of Patient Experience (ADPE) presented the Quality Indicators Report and slides which provided assurance in relation to several quality, safety and patient experience priorities. It provided data through the end of July 2025 where available and detailed ongoing actions to drive necessary improvements. Additionally, it included exception reporting to highlight emerging trends and issues related to quality and patient safety.</p> <p>The Independent Member – Community (IM-C) noted interest in the section on learning from obstetric events and asked for some positive steps and early signs of improvement in patient outcomes.</p> <p>The ADPE responded that obstetrics had seen positive steps, e.g. the All-Wales PROMPT simulation training was improving CTG interpretation and encouraged earlier senior reviews. The adoption of the Badgernet system also helped with risk assessments and continuity of care in a high turnover environment. Additionally, there was a growing engagement, openness with families, and ongoing learning.</p> <p>The END asked why ‘feeling safe’ and ‘staff friendliness’ were missing from the mental health patient experience feedback slide.</p> <p>The ADPE responded that the mental health data was pulled from the PARIS system, which came online later, and so inpatient numbers were low. However, better feedback was coming through now and would be included going forward.</p> <p>The CC praised the new format of the Quality Indicators Report.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The assurance provided by the quality indicators was noted. 	
<p>QC 2025/08/2.3</p>	<p><u>Invited Service Review (IRS) of Cardiff and Vale University Health Board (UHB) Mental Health Services</u></p> <p>The Lead Nurse – Adult Mental Health (LN-AMH) presented slides which provided an update on the progress on the improvement plan made in response to the Royal College</p>	

	<p>of Psychiatry Review, which included improvements in risk assessments, therapeutic engagement, and family contact.</p> <p>The Chief Operating Officer (COO) highlighted that the Mental Health Clinical Board was going through senior leadership changes at present and was a difficult time. He noted they were bringing in extra leadership support to review their models of care, particularly how inpatient and community services were organised.</p> <p>The IM-C asked who was involved in co-production groups.</p> <p>The LN-AMH responded that she had recently chaired a co-production series on information sharing, working with Caniad to identify individuals with lived experience who could support. They had a diverse group of family members and service users who provided valuable insights. To ensure their voices were reflected, they included direct quotes from workshops in the guidance. This approach would shape how they develop policies going forward.</p> <p>The CC suggested that the improvement plan include ongoing monitoring and evaluation to track progress against goals to give the team clearer insight into what still needed attention.</p> <p>The CC asked for a further update on this work at the Quality Committee in December 2025 – ACTION.</p> <p>The Committee resolved that:</p> <p>a) The update was noted.</p>	
<p>QC 2025/08/2.4</p>	<p><u>Equity, Equality, Experience and Patient Safety Action Plan - Six Month Update</u></p> <p>The Executive Director of Public Health (EDPH) explained that this was an organisation-wide report led by the Public Health team which focused on the equity domain of quality.</p> <p>The Specialty Registrar in Public Health (SRPH) presented the report and slides which provided a six-month update on the progress, achievements, and ongoing challenges of the Equity, Equality, Experience and Patient Safety Action Plan.</p> <p>The ADPE highlighted that the life expectancy gap was striking and was unsure whether this was communicated effectively. She welcomed a conversation outside of the meeting to discuss how they expanded their community engagement.</p> <p>The CC noted that data availability and collection remained major challenges. Welsh Government (WG) used to regularly collect data on multiple deprivation, but that seemed to have stopped. Without up-to-date intelligence, it was hard to know what interventions worked best.</p> <p>The EDPH responded with the following:</p> <ul style="list-style-type: none"> • The Welsh Index of Multiple Deprivation was regularly updated and used for analysis. Teams had been asked to review waiting lists using this index to identify disparities. • Data gaps remained—while postcode and sex were well recorded, but disability, ethnicity, and other protected characteristics were often missing. • Wider determinants of health (e.g. education, housing) were being integrated into planning, such as Vale 2030. • Public Health consultants in CAVUHB were now assigned one major health topic and one wider determinant each. Key priorities were obesity, vaccination, and smoking—chosen for their potential to reduce health inequalities. • Strong partnerships with local authorities and NHS were essential, regardless of organisational structure. 	

	<ul style="list-style-type: none"> The NHS could do more internally to improve service access and equity. <p>The CC asked for a six-month update to come back to a future Committee – ACTION.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The actions under way in the action plan to address health inequities in Cardiff and the Vale of Glamorgan was supported. The six-month progress that has been made against the actions, including the challenges around health inequality data availability, was acknowledged. The Committee receiving further updates in another six months was agreed. 	
QC 2025/08/2.5	<p><u>Theatres Review</u></p> <p>The COO introduced the report and summarised the following:</p> <ul style="list-style-type: none"> A full improvement plan with 66 actions had been submitted to the Cabinet Secretary and Health Inspectorate Wales (HIW). The focus for this meeting was on the progress with six foundation actions and high-impact tranches. Other recommendations were scheduled for later phases. Good progress had been made despite summer pressures and staffing demands. Staff had been hard on themselves, but key issues had been addressed. A staff sense-check was planned for September to ensure the plan felt coproduced. Some actions required immediate implementation, whilst others needed staff engagement. They needed to work on what the main Key Performance Indicators (KPIs) would be to measure success. A more detailed update would be brought to a future Committee. <p>The CC thanked colleagues for their swift action, and they must continue with openness and focus on improving theatre services for patients and staff.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The progress on the Theatre Together Programme was noted. 	
	Items for Approval / Ratification	
QC 2025/08/3.1	<p>Policies</p> <p><i>No policies for approval.</i></p>	
	Items for Noting & Information	
QC 2025/08/4.1	<p><u>Minutes from Clinical Board QSE Sub-Committees / IP&C Group</u></p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The minutes were noted. 	
	Agenda for Private QSE Meeting	
QC 2025/08/6.1	<ol style="list-style-type: none"> <i>Minutes and Action Logs from the Private QSE Committee on 24.06.2025</i> <i>Any Urgent / Emerging Themes – Verbal Update</i> 	
	<u>Any Other Business</u>	
QC 2025/08/7.1	<i>No items.</i>	

	<u>Date & Time of Next Meeting:</u>	
QC 2025/08/8.1	16th September 2025 at 2pm via MS Teams	