Minutes of the Public Quality Committee

Held on 28th October 2025 via MS Teams

To view the meeting: CAVUHB Quality Committee 28.10.2025

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
Stephen Riley	SR	Independent Member – University
Kirsty Williams	KW	UHB Chair
In Attendance		
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Matt Phillips	MP	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Paul Bostock	PB	Chief Operating Officer
Jason Roberts	JR	Executive Nurse Director
David Fluck	DF	Executive Medical Director
Suzanne Rankin	SR	Chief Executive Officer
Barbara Davies	BD	Interim Director of Nursing PCIC
Lisa Dunsford	LD	Director Of Operations - PCIC
Rachel Thomas	RT	Director of Operations - PCIC
Helen Kemp	HK	Deputy Clinical Board Director - PCIC
Victoria Hayman-Teear	VHT	Senior Nurse - PCIC
Joanne Jefford	JJ	Strategic Lead Dietitian - Dietetics
Joanne Ellis	JE	Senior Catering Team manager (Interim) - Patient Catering Services
Andrew Poole	AP	Head of Estates and Facilities
Michael Allum	MA	Consultant in Public Health
Andy Jones	AJ	Director of Nursing/Midwifery - Children & Women CB
Sarah Martin	SM	Research and Development Manager
Natasha Goswell	NG	Deputy Executive Nurse Director
Sophia Jones	SJ	Value in Health Programme Manager - Operations
Sian Griffin	SG	Consultant Nephrologist - Nephrology Transplant
Observers		
Lauranne Cullen	LC	Regional Director for Llais
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Claire Beynon	CB	Executive Director of Public Health

QC 2025/10/1.1	**Welcomes, Introductions & Apologies** Ceri Phillips (CP), the Committee Chair, welcomed everyone to the meeting in English & Welsh. Apologies for absence were noted.	ACTION
QC 2025/10/1.2	**Declarations of Interest** No declarations of interest were raised.	
QC 2025/10/1.3	**Minutes of the Committee meeting held on 16.09.2025** The minutes of the Committee meeting held on 16.09.2025 were received. **The Committee resolved that:** a) The minutes of the meeting held on 16.09.2025 were approved as a true and accurate record of the meeting.	
QC 2025/10/1.4	**Action Log following the Meeting held on 16.09.2025** The Action Log following the Meeting held on 16.09.2025 was received and discussed. **The Committee resolved that:** a) The Action Log from the meeting held on 16.09.2025 was noted.	
QC 2025/10/1.5	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QC 2025/10/2.1	**UHB Quality Indicators Report** Alexandra Scott (AS), the Assistant Director of Quality and Patient Safety, and Angela Hughes (AH), the Assistant Director of Patient Experience, 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 September 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. Regarding the C.diff spike, Clive Curtis (CC), the Independent Member – Community, asked whether modelling had been undertaken to predict the situation during the winter pressures. He also asked whether consideration had been given to community-based infection prevention to reduce transmission outside of hospitals. Jason Roberts (JR), the Executive Nurse Director, provided the following response: • The UHB was in a much better position on C.diff compared to the previous year, though still not at their reduction target. • A 50% reduction in C.diff had been achieved in surgery, specialist, and medical wards over the past six months, and they saw fewer hospital-acquired cases, with more community-related transmission. • An Infection, Prevention & Control (IP&C) nurse had been appointed to focus on community work and antimicrobial stewardship.	

	• Whilst winter may bring an increase, they hoped that current measures would maintain progress. • CAVUHB formed part of the C.diff Collaborative Group which was All-Wales based to share learning. Rhian Thomas (RT), the Committee Vice Chair, asked how they reconciled the efficacy of falls training with the trend of increased inpatient falls. AS provided the following response: • Wards across the organisation had been recently audited, focusing on those with good uptake of falls training. It demonstrated progress in trained wards but highlighted more work was needed overall. • Training aimed to improve the quality of risk assessments and empower staff to mitigate risks such as high-risk prescribing, poor eyesight, and blood pressure issues. • They were expanding training to a multi-professional approach, as falls prevention was not just a nursing role. • Further work included systematic processes around mitigation for high-risk medications. • The training would be rolled out to other clinical boards and would continue to be monitored and reported back to the committee. Suzanne Rankin (SR), the Chief Executive Officer, highlighted that strengthening data handling and presentation would help provide assurance and identify areas needing deeper review. AS agreed that they should report all data through SPC charts. Many indicators relied on incident reporting on Datix, which had limitations on what could be generated. A new solution moving forward would allow data downloads into their data warehouse and use Power BI for flexible reporting, including incidents by bed days to track seasonal variation. Kirsty Williams (KW), the UHB Chair, noted that they had met the Director General that morning, who emphasised the consistent use of SPCs across all UHBs in Wales, and will be a national expectation. **It was suggested that the Director of Corporate Governance (DCG) look for an opportunity be considered for Independent Members to receive training and support in interpreting SPC charts and data analysis – ACTION**. **The Committee resolved that:** 1) The assurance provided by the quality indicators and the associated work to drive improvements in these areas.	
QC 2025/10/2.2	**PCIC Clinical Board Quality Indicators Report** Victoria Hayman-Teear (VHT), the Senior Nurse – PCIC, presented a patient story on the ANCLE Cafe, an innovative multidisciplinary clinic for leg wound care, which combined clinical treatment, education, digital monitoring, and social support. Plans were underway to expand to additional sites and include more staff groups. The story demonstrated the positive impact of collaborative, innovative community care on patient outcomes and wellbeing. SR asked how equitable would access to this care be across both Cardiff and the Vale.	

	VHT responded that at present there was a site in Cardiff, with further sites planned in the Vale of Glamorgan (VoG) commencing in January 2026. The PCIC Clinical Board presented their assurance report and slides to the Committee which detailed the achievements, progress and planned actions within the PCIC Clinical Board to maintain the priority of QSPE. Topics discussed included, but were not limited to: • PCIC Assurance Mechanisms • Safe Care – including NRI and Patient Safety Incident Reporting, Pressure Damage, IP&C, Medication Safety • Effective Care – Mortality, External Assurance • People Centred – Workforce • Patient Centred Care – Concerns, Patient Experience • Equitable Care • PCIC Top 5 Quality & Safety Risks Steve Riley (SRI), the Independent Member – University, asked whether there was a way of scaling the ANCLE cafe into the community and whether other staff (e.g. district nurses) could learn from this programme. Also, he asked how they would demonstrate whether community health pathways improved care in the future. VHT highlighted the existing plans to scale up with three new sites planned in the VoG. The cafe was currently staffed with district nurses, with a big throughput of staff coming through with many staff being upskilled. In the VoG model, they planned to include practice nurses. Helen Kemp (HK), the Deputy Clinical Board Director – PCIC, responded that demonstrating the value of community healthpathways was challenging as it was multifactorial. However, feedback was positive. They reduced referral variation and improved prescribing consistency, supported by a robust quality assurance process involving primary and secondary care. VHT added that peer support was central. Patients were not discharged after healing; they could keep attending for the social aspect. The cafe was academically led by Cardiff Met, whereas the Leg Clubs were patient-led. SR provided the following comments: • Politicians and the public often asked about access to primary care, but this wasn't mentioned in the report. • How could they better share patient experience and outcomes data from commissioned services? Lisa Dunsford (LD), the Director of Operations – PCIC, noted that in terms of access, all practices complied with national requirements and provided evidence. Patient surveys showed high satisfaction once contact was made, although experience could still improve. Compliance with national contracts remained challenging. SR responded that despite 100% compliance, patients still reported poor access. Public accountability would likely focus on primary care access. Regarding community health pathways, David Fluck (DF), the Executive Medical Director, noted that TriTech published a report on community and hospital pathways, which gained Cabinet minister support for another year, although it still needed UHB funding. The report's conclusions stressed the need to demonstrate benefits and effective use. They were holding interface meetings with primary care to explore	

	refocusing and would need to show tangible impact over the next year to justify continued use. **The Committee resolved that:** 1) The assurance provided by the PCIC Clinical Board in this report and the steps being taken to improve quality, safety and patient experience was noted.	
QC 2025/10/2.3	**Patient Catering Nutrition Update – Providing Quality Care** Joanne Jefford (JJ), the Strategic Lead Dietitian - Dietetics, and Andrew Poole (AP), the Head of Estates and Facilities, presented the slides and highlighted the following: • The service provided 19 distinct patient menus across 4 hospital sites, serving 1.5million meals annually, including options for therapeutic, religious, allergen-free, and lifestyle-specific diets. • Dietetic support workers assisted with fortified snacks and eating support, aiming to improve patient nutrition, recovery, and experience. • The Nutrition and Catering Steering Group met quarterly. Compliance was maintained with the All-Wales Nutrition and Catering Standards and food safety regulations, supported by a dedicated Food Safety Assurance Manager and regular inspections. • There had been a significant increase in food provision costs (over the past 3-4 years it had totalled around £750k), which contributed to significant budget pressure. Investments in the Central Food Processing Unit (CFPU) had reduced reliance on external providers. • Demand for specialist meals (e.g. halal, kosher, allergen-free) was rising, with a forecast of 37,000 specialist meals this year. AP summarised the following: • The food production pathway involved several complex steps before the meal was served to a patient – procuring, making and storing the product correct and then serving the correct meal to a patient safely • Support was recommended for expanding plant-based meal options and reducing processed meat reliance to promote healthier choices • Financial review may be necessary to ensure a quality product that met the new nutritional standards for now and the future, including menu development proposals for the Children's Hospital for Wales (CHfW). RT highlighted the WG target of less than 5% food waste and asked for the UHB's performance for this target. RT also asked whether the team had engaged with the Youth Board on the specialist children's menu. AP responded that they had significantly reduced food waste from 7-8% to under 5%. A project team had reviewed this in detail, measuring trolley and plate waste across wards and incorporating findings into monthly performance reviews. Benchmarking across other Welsh NHS bodies and national guidance showed they were in a good position.	

	JJ highlighted that plate waste was hard to reduce. Additionally, the UHB had not engaged with the Youth Board on the children's menu but would take this suggestion forward. Mike Jones (MJ), the Independent Member – Trade Union, noted that every ward scored 5 on the food safety scores except ward-based catering and CFPU. He asked if this was due to environmental factors. AP responded that it was a mix of factors, e.g. documentation and environmental. Within Capital, Estates & Facilities (CEF), they reviewed this monthly in a food hygiene meeting. Significant investment had gone into the CFPU over the past 2-3 years to address fabric and mechanical issues. DF asked whether patients enjoyed the food, and whether the food was sourced locally. He suggested the team sample some of the food. AP responded that they aimed to source food locally through shared services and procurement. A menu tasting day was planned soon, and invites could be extended. AH commented that they had created a nutrition and catering survey to capture patient feedback, recognising food as vital for recovery and a key social activity. Data was collected via SMS and volunteers, and they were building a strong dataset to identify themes. She hoped they would be able to share comprehensive insights soon. **The Committee resolved that:** 1) The complexity of the food production pathway and its operational demands as above was acknowledged; 2) The risks associated with ensuring the correct meal reaches the right patient, particularly in relation to allergens, texture modification, and patient safety was recognised; 3) Future opportunities to expand plant-based meal provision and reduce reliance on processed meats, where financially beneficial, was supported; 4) Remain aware of ongoing financial uplifts from external providers and the associated risks, ensuring appropriate investment. 5) Commit to funding the development and implementation of a specialist children's menu. 6) Ensure the implementation and funding of the refreshed Welsh Government food standards scheduled for publication in 2025. 7) Safeguard the quality and provision of food services against increasing financial pressures.	
QC 2025/10/2.4	**Update for Women's Health Hubs** Michael Allum (MA), the Consultant in Public Health, presented the update for Women's Health Hubs, and highlighted the following to the Committee: • The Women's Health Plan was a national plan published at the end of 2024 – it was a 10-year plan that recognised the health inequalities experienced by women across Wales and the need for healthcare to evolve and develop. • A steering group was established led by Claire Beynon and had good representation across the UHB. • The focus for the first year of the plan was the establishment of the Pathfinder Hub. The three priority areas for the Hub were around menstrual health, contraception, and menopause.	

	• Rapid initial scoping identified many good practices already in place in CAVUHB, as well as several challenges. • The hub aimed to improve community access, streamline pathways, and ensure secondary care was reserved for complex cases. • Since the paper's submission, discussions around the Pathfinder Hub focused on the Cardiff East Cluster, which built on a successful menopause pilot, and would offer multidisciplinary support including social prescribing, lifestyle advice, and mental health support. • Work was ongoing to define service capacity, evaluate impact, and expand primary care training in priority areas. SR asked what specific services the Hub would deliver on, or how many women it would see. She asked whether they were clear on addressing both women-specific needs and broader inequalities in outcomes. MA responded that the focus had mainly been on women-specific health issues so far, but addressing wider inequalities was embedded in the health plan. The aim was to complement existing work, not duplicate it. In terms of capacity, MA explained that specific numbers were still being developed due to the pace of progress but would share more information in the future. **It was suggested that a further update be provided to the Committee on the established Women's Health Hub, detailing the services provided and projected capacity/numbers accommodated – ACTION.** **The Committee resolved that:** a) The updates in the Health Board's development of a Women's Health Hub was acknowledged.	
QC 2025/10/2.5	**Looked After Children Assessment Backlogs - Six Month Update** Andy Jones (AJ), the Director of Nursing/Midwifery - Children & Women CB, provided a summary of the report and highlighted the following: • The service provided statutory health assessments for children in care, aiming to improve health outcomes and reduce inequalities. • There had been a significant increase in new referrals, putting pressure on the small team. • Initial health assessments within 28 days remained challenging due to notification delays, but improvements had been made by involving specialist nurses and health visitors. • The backlog of initial health assessments had been more than halved since April 2025, though review assessments for under-fives remained a focus. • Out-of-area placements incurred significant costs and logistical challenges - efforts were underway to reduce these by working with Local Authorities (LAs). • Actions included requesting additional capacity, reviewing skill mix, expanding health visitor involvement, improving information sharing, and streamlining digital reporting. RT commented that the paper noted health visitors struggled with workload complexity, yet one mitigation was the increased use of health visitors. She asked how sustainable this solution was. AJ responded that they were widening involvement from health visitors to share the workload and free up specialist nurses to focus on over-fives, making it more viable. The	

	statutory assessments were just one aspect of the role, they also played a key role in support children and young people, often as trusted adults. **It was requested that a further update return to the Committee in six months' time – ACTION.** KW noted that the strategic goal must be fewer children entering care, and those who did should be placed locally with timely updates. She asked whether they ensured cross-sector collaboration with social services, education, and voluntary support to address root causes. AJ responded that they did discuss this at Regional Partnership Board (RPB) meetings, but a more focused conversation with LAs and third-sector partners was needed. SR added that executive discussions with LAs were underway to agree priorities for collaborative work. This went beyond the RPB and provided more flexibility with decision-making. **The Committee resolved that:** 1) The content of the paper and the actions taken to mitigate the risks associated child health assessments was noted.	
QC 2025/10/2.6	**Research and Development – Six Month Update** Sarah Martin (SM), the Research and Development Manager, introduced the report which summarised some of the research activity and performance across the UHB. She introduced Sian Griffin (SG), the Consultant Nephrologist - Nephrology Transplant, to provide a presentation on the impact of some of the UHB's research. SG provided a presentation to the Committee and summarised the following: • SGLT2 inhibitors were identified as a major advancement, with CAVUHB participating in key clinical trials and rapidly implementing findings into practice. • Efforts were made to overcome inertia in adopting new treatments, including pharmacist and nurse-led optimisation clinics in secondary care and a primary care project in Caerphilly which screened over 13,000 patients. • Value-based analysis showed significant predicted reductions in end-stage kidney disease, cardiovascular events, and deaths if best practice was implemented. • The work received national recognition and awards, and educational tools were developed for primary care to support early intervention and consistent management. • The specialty formed part of the Wales Commercial Research Delivery Centre, facilitating further research and patient recruitment. CC asked how they ensured public involvement was embedded in the development and delivery of research, especially for studies with community impact. SG responded that education was key. They included links in patient letters, ran low-risk observational studies, and maintained visibility in clinics. They worked with charities like Kidney Wales and Popham Kidney Support to promote research actively in secondary care. Outreach in primary care was harder, but they collaborated on events around organ transplantation and donation to raise awareness where possible. SM explained that public and patient involvement had historically focused on grant development. They worked with patient groups and charities to shape research questions. However, the UHB needed to strengthen involvement in their research	

	portfolio and strategy, which would be reviewed as part of the framework. They needed to improve how public involvement influenced research priorities going forward. **The Committee resolved that:** 1) The progress made by Research to date was noted; 2) The content of the report and the assurance given by R&D was noted.	
QC 2025/10/2.7	**Ombudsman Annual Letter** AH presented the report and highlighted the following to the Committee: • 149 concerns were referred to the Ombudsman last year out of 3471 total concerns received by the UHB. • Main issues raised included clinical treatment, mental health, and patient risk management, aligning with local concern trends. • Nearly half of the complaints received by the Ombudsman did not meet investigation thresholds – only 5% were upheld, and there were no public interest reports. • Compliance with Ombudsman recommendations had improved to 70%, but further improvement was needed to reach the target of over 90%. • The UHB was focusing on timely completion of recommendations, strengthening complaints handling, and preparing for new guidance on listening meetings and advocacy services from April 2026. **The Committee resolved that:** 1) The contents of this report and actions to be taken was noted.	
	Items for Approval / Ratification	
QC 2025/10/3.1	**Policies** Interventions Not Normally Undertaken (INNU) Policy Update MA and Sophia Jones (SJ), the Value in Health Programme Manager – Operations, summarised the review and update of the INNU policy which aligned with national validation and ensured a live list of interventions. It was clarified that exceptions were possible through the Individual Patient Funding Request (IPFR) process. UHB 556 – Management of Visitors within the Operating Theatre Department Policy JR summarised the new policy for managing visitors in theatre departments, introducing a robust sign-in process. **The Committee resolved that:** 1) The Interventions Not Normally Undertaken (INNU) Policy Update was approved; and 2) The Management of Visitors within the Operating Theatre Department Policy was approved.	
	Items for Noting & Information	
QC 2025/10/4.1	**Minutes from the Clinical Board QSE Sub-Committees** **The Committee resolved that:** 1) The Clinical Board QSE Sub-Committee minutes were noted.	
QC 2025/10/4.2	**Safeguarding Steering Group (SSG) Minutes**	

	The Committee resolved that: 1) The minutes were noted.	
	Agenda for Private Quality Committee Meeting	
QC 2025/10/5.1	*i) Minutes and Action Logs from the Private QSE Committee on 16.09.2025* *ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)*	
	Any Other Business	
QC 2025/10/6.1	Matt Phillips (MP), the Director of Corporate Governance, suggested that his team would review how to better gatekeep the Committee's content outside of the meeting.	
	Date & Time of Next Meeting:	
QC 2025/10/7.1	9th December 2025 at 2pm via MS Teams	