Cofnodion Cymeradwyedig o Gyfaforfod y Pwyllgor Ansawdd, Diogelwch a Phrofiad/ Approved Minutes of the Quality, Safety & Experience Committee

Date of Meeting: **13:00, Tuesday 04 November 2025**
Venue: **Microsoft Teams Meeting**

Present:
Eleanor Marks (Vice Chair)
Chantal Patel (Independent Board Member) Part
Michael Imperato (Independent Board Member)
Sarah Harraway (Independent Board Member)

In Attendance:
Bethan Lewis (Assistant Director of Public Health Strategic Business and Operations) deputising on behalf of Dr Ardiana Gjini
Caroline Burgin (Patient Safety and Assurance Manager)
Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
Ceri Wisdom (Service Delivery Manager)
Charlotte Wilmshurst (Assistant Director of Assurance and Risk) deputising on behalf of Mrs Joanne Wilson
Gareth Cottrell (Deputy Chief Operating Officer)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)
Jonathan Arthur (Deputy Director of Health Sciences)
Katie Lewis (Committee Services Officer)
Neil Griffiths (Service Delivery Manager of Urology and Rheumatology)
Olwen Morgan (Assistant Director of Nursing)
Paula Goode (Service Director for Planned and Specialist Care)
Sara Jones (Service Delivery Manager - Endoscopy & Gastroenterology) (Part)
Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)
Subhamay Ghosh (Associate Medical Director For Quality & Safety)

Minutes Ref.	Item	Action
QSEC 25 (69)	**Welcome, Apologies and Matters Arising**	

Ms Eleanor Marks opened the meeting and informed the Committee that the Chair, Mrs Anna Lewis, had sent her apologies and would not be chairing any further meetings of the Quality, Safety and Experience Committee as her tenure had come to an end. The Committee expressed their sincere appreciation to Mrs Lewis for her outstanding leadership, kindness and vision throughout her time as Chair. Members acknowledged her measured approach, insightful contributions, and the quality of her questioning, all of which have greatly benefited the work of the Committee.

The Committee recorded their heartfelt thanks and best wishes to Mrs Lewis for the future, noting that she will be greatly missed.

Apologies were noted from:

- Amanda Glanville (Assistant Director of People Development)
- Ardiana Gjini (Executive Director of Public Health)
- Joanne Wilson (Director of Corporate Governance/Board Secretary)
- Louise O'Connor (Assistant Director)
- Mark Henwood (Executive Medical Director)

QSEC 25 (70) **Minutes of the extraordinary meeting that was held on 15 September 2025 and Table of Actions**

Decision: The draft minutes from the meeting held on 15 September 2025 were approved as an accurate record.

QSEC 25 (71) **Urology Deep Dive**

Mr Neil Griffiths presented an update on the Urology Service, supported by a slide deck outlining service fragilities, mitigation actions during the development of the Clinical Services Plan.

Mr Griffiths reported that the service continues to experience sustained pressures due to workforce gaps, diagnostic bottlenecks and theatre constraints. Despite these challenges, there has been consistent improvement in performance, including a reduction in the waiting list from approximately 8,000 to just over 5,600 patients over the past three years. Referral to Treatment (RTT) performance and outpatient throughput have also improved during this period.

A prostate pilot undertaken since 2023 has informed transformation plans for the prostate cancer diagnostic pathway and highlighted the need to expand the Clinical Nurse Specialist (CNS) team to enhance patient experience and pathway coordination. Short-term actions include MRI outsourcing and expansion of Local Anaesthetic Transperineal (LATP) biopsy capacity. Longer-term, the Clinical Services Plan aims to establish a dedicated Urology Investigation Unit to improve service sustainability.

Mr Griffiths advised that the service now has zero patients waiting over 52 weeks, with a Did Not Attend (DNA) rate of 1.1% for follow-ups, among the lowest in Wales. Improvements were attributed to better scheduling, enhanced patient engagement, and pathway efficiency.

Plans are in place to address ongoing diagnostic and theatre capacity challenges, including additional theatre sessions to reduce the ureteroscopy backlog, outsourcing MRI scans, and expanding LATP capacity. These measures are expected to

improve cancer pathway performance from 25% to 68% compliance by March 2026. The team is also working to increase Clinical Nurse Specialist (CNS) posts to support prostate and bladder cancer pathways, with discussions underway regarding potential funding from Prostate Cymru.

Mr Griffiths noted further actions to strengthen quality and safety, including expanded transfusion training following a recent ward incident, and the introduction of PKB and remote monitoring pathways for PSA patients by March 2026.

Mrs Sharon Daniel welcomed the reduction in open complaints over the past 20 months however queried the recent minor increase. Mr Griffiths explained that the rise was mainly associated with follow-up capacity pressures, which are being addressed through redesign of outpatient appointments. He confirmed that weekly meetings are held to review complaints and that themes identified have led to actions such as enhanced consent training.

In response to queries from Mrs Daniel and Mrs Patel regarding CNS workforce development, Mr Griffiths confirmed that plans focus on dedicated prostate and bladder CNS roles, with robust governance arrangements being developed to ensure appropriate supervision and collaboration within MDT structures.

Mrs Patel commended the operational recovery achieved to date but expressed concern regarding long-term sustainability. Mr Griffiths acknowledged ongoing reliance on diagnostic and theatre capacity across services and reiterated that the proposed Urology Investigation Unit will be key to delivering sustainable improvement.

Mr Michael Imperato queried whether a single metric could best demonstrate service stability. Mr Griffiths advised that the key indicators relate to the achievement of RTT targets and the 28-day diagnostic target for USC patients.

Ms Harraway sought clarification on the timelines for increased theatre capacity for patients awaiting ureteroscopy with stents in situ. Mr Griffiths advised that additional sessions are being pursued through the scheduled care planning process, with improvements anticipated by March 2026.

Mr Andrew Carruthers provided assurance that short-term actions are being implemented to support the cancer pathway and that improvements in access are expected by February 2026. He noted ongoing challenges with recruitment and funding for theatre capacity.

In response to queries from Mrs Patel and Ms Marks, Mr Griffiths confirmed that collaborative discussions are taking place with Swansea Bay University Health Board regarding resource sharing.

He also explained that references to ‘fragmented communication’ relate primarily to system-wide capacity and outsourcing challenges.

Ms Marks highlighted the CNS expansion supported by Moondance funding and queried whether internal charitable funds had been considered. Mr Griffiths confirmed that charitable funds had historically supported service developments, including expansion of LATP capacity at Withybush Hospital, and that further use of charitable resources was being explored.

Mr Griffiths concluded that significant progress has been achieved in outpatient efficiency, diagnostics and governance. The next steps include securing additional theatre sessions, addressing diagnostic bottlenecks, expanding CNS capacity, and delivering sustainable transformation through the Clinical Services Plan. Ms Marks thanked Mr Griffiths for an informative and constructive presentation.

Decision: The Committee received assurance from the update.

QSEC 25 (72) **Dermatology Deep Dive**

Ms Ceri Wisdom presented an update on the Dermatology Service, supported by a slide deck, to provide assurance regarding the quality, safety, and experience aspects of the service during development of the Clinical Services Plan.

Ms Wisdom outlined significant service fragilities, primarily resulting from a national shortage of dermatology consultants and under-resourcing compared with Swansea Bay UHB, despite serving a similar population. The service currently operates mainly from Prince Philip Hospital with limited clinical space, having lost treatment rooms during the COVID-19 Pandemic and RAAC periods of work.

The service has worked to maintain stability despite workforce pressures, relying heavily on insourcing to meet demand. Dermatology remains one of the most highly referred specialties from Primary Care, receiving approximately 250 referrals per week. Demand is projected to increase by 32% for melanoma and 43% for non-melanoma cancers over the next 20 years, driven by population ageing and increased awareness.

Challenges were also highlighted in administrative capacity, resulting in delays to patient correspondence. While patient feedback is generally positive, negative feedback relates primarily to access and waiting times.

A patient story was shared illustrating the impact of service capacity constraints, where a patient was unable to access treatment in a timely manner and was subsequently treated via

A&E and paediatric collaboration. The example emphasised the potential for harm arising from capacity limitations.

To stabilise and improve efficiency, Ms Wisdom emphasised that the recruitment of at least two substantive consultant dermatologists is required. A recruitment campaign in December 2024 was unsuccessful, but the posts will be re-advertised. Three rooms within Day Services at Prince Philip Hospital have been identified for potential use, including one treatment room to reduce reliance on insourcing. Additional administrative capacity is being sought to address correspondence backlogs.

Ms Wisdom advised that establishing a dedicated dermatology hub would improve recruitment and retention by making the service more attractive to candidates. Upskilling of GPs continues to be progressed as part of service resilience planning.

Mrs Sharon Daniel queried the 800 complaints referenced in the slides, noting this does not seem to align with reported incident numbers, and sought assurance on the incident reporting culture. Ms Wisdom explained that the complaints data reflects activity since implementation of the Datix system in 2022 and confirmed ongoing efforts to strengthen incident reporting and learning. Mrs Daniel requested future reporting of complaint trends and outcomes to provide greater insight into patient experience.

Mr Michael Imperato asked about contingency plans and potential innovative solutions, such as remote consultant opportunities, to attract candidates. Ms Wisdom acknowledged reputational challenges linked to service fragility and advised that advertising both consultant posts simultaneously may encourage applicants through peer support. Nurse consultant roles are also being explored, although medical leadership remains essential.

Ms Harraway queried the shortage of administrative staff and noted the impact of delayed communication on patient experience. Ms Wisdom confirmed that the backlog is linked to increased activity from insourcing and that overtime is being used to address delays, but additional substantive administrative posts are required.

Ms Eleanor Marks queried whether regional solutions were being explored. Ms Wisdom confirmed ongoing collaboration with Swansea Bay UHB, including a shared plastic surgery post supporting skin cancer services. Ms Paula Goode added that the exploration of additional space at Prince Philip Hospital or the new Cross Hands development could facilitate greater regional working.

Ms Marks commended the increased engagement of GPs in dermatology and asked whether this could be expanded through the GP cluster arrangements. Ms Wisdom confirmed that two GPs currently work within secondary care, with interest from a third,

and discussions with Workforce are underway to establish a formal training process to support wider GP participation.

Ms Marks thanked Ms Wisdom for a comprehensive and informative report. Members recognised the significant efforts of the team in maintaining service delivery despite longstanding workforce shortages. However, the Committee expressed concern regarding the fragility of the service and the risk that recruitment efforts may not be successful.

Mr Imperato and Mrs Harraway emphasised that while technological solutions and GP upskilling are encouraging, these measures are unlikely to resolve the immediate challenges. Members agreed that the scale of fragility and risk should be formally highlighted to the Board.

The Committee commended the team for their commitment and proactive mitigations in extremely challenging circumstances.

Decision: The Committee noted the update and received partial assurance from the actions underway to mitigate risks ahead of Clinical Services Plan.

QSEC 25 (73) **Endoscopy Deep Dive**

Ms Sara Jones presented an update on the Endoscopy Service, supported by a slide deck, to provide assurance on how care is being delivered against the Safe, Timely, Effective, Efficient, and Patient-Centred principles (STEEEP) while awaiting the outcome of the Clinical Services Plan.

Ms Jones explained that many of the challenges currently faced by the service originated during the COVID-19 pandemic, when activity was paused and capacity reduced. This led to significantly extended waiting times for endoscopy procedures, compounded by ageing equipment and workforce shortages in key areas.

These combined factors created a substantial waiting list backlog. Recovery initiatives and workforce investment have since been implemented, resulting in diagnostic waiting times being restored to within ministerial standards and the diagnostic backlog fully cleared. However, approximately 1,300 patients remain on the surveillance waiting list. A recovery plan is in place, with full recovery expected by October 2026.

The service's inclusion in the Clinical Services Programme aims to ensure the ongoing maintenance of Joint Advisory Group (JAG) accreditation; and sustain delivery of waiting times and quality standards through service expansion.

Three of the four endoscopy units remain JAG-accredited and have maintained this status for 18 years. Prince Philip Hospital is not accredited solely due to environmental layout issues, although all other standards are met. Accreditation has been deferred twice

in recent years owing to waiting time pressures; however, improvement trajectories are in place, and compliance against all other standards has been maintained.

The service undertakes monthly Endoscopy Quality and Safety meetings with multidisciplinary representation to promote learning, review incidents, and identify trends. A downward trend in reported incidents has been noted since 2023.

Patient feedback mechanisms include written booklets, QR-code surveys, and a “critical friend” process through which staff follow up directly with patients (where consent is given) to explore themes in more depth. Patient satisfaction scores for safety, dignity, and comfort consistently range between 90–100%, reflecting high-quality care.

Ms Jones reported that diagnostic waiting times, which peaked at 100 weeks in 2023, have been reduced to 8 weeks since March 2025. The approved recovery plan, funded in June 2025, is being implemented and includes enhanced clinical validation and additional activity to address the surveillance backlog. Capital replacement of ageing endoscopy equipment remains a key focus, alongside ongoing workforce planning and demand–capacity modelling.

In response to a query from Ms Sarah Harraway regarding learning from the risk stratification process, Ms Jones advised that five patients are currently subject to a Root Cause Analysis to determine whether harm resulted from delayed surveillance procedures. Reviews are being undertaken with clinical leads, and findings will be reported through the governance framework once complete.

Ms Jones provided assurance that the service follows NICE and British Society of Gastroenterology (BSG) guidance to ensure patients are appropriately listed and prioritised, and that validation work has identified patients who no longer require follow-up procedures based on updated criteria.

Responding to a question from Mrs Daniel on the level of confidence in maintaining JAG accreditation, Ms Jones explained that annual evidence is submitted to the JAG assessors. The most recent review (September 2025) confirmed compliance against all standards except waiting times, which are affected by the surveillance backlog. Ms Jones expressed confidence that the agreed recovery trajectory will deliver compliance, with no more than 500 patients waiting by March 2026 and none overdue by October 2026.

Ms Jones noted that maintaining progress is dependent on continued access to enhanced staff payment rates (PARR rates) for weekend activity, as withdrawal of these rates could reduce

staff participation and impact recovery. This risk is currently being monitored.

The Committee welcomed the positive progress made in clearing the diagnostic backlog and maintaining high standards of patient experience. Members noted the remaining challenge of the surveillance waiting list and the potential workforce and financial risks that could impact recovery delivery.

The Committee recognised the robust plans in place and the continued commitment of the Endoscopy team to delivering safe and timely care within available resources.

Decision: The Committee received assurance from the actions underway to mitigate risks ahead of CSP.

Date of Next meeting- 4 December 2025