



Agenda Item

5.3.5

Quality, Safety & Experience Committee

Highlight Report from the DTPS QSRE

Dyddiad y Cyfarfod / Date of Meeting	18.11.25
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	DTPS Team
Cyflwynydd yr Adroddiad / Report Presenter	Hannah Wilton, Director of Pharmacy and Medicines Management
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of AHPs and Health Science

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms

AHP	Allied Health Professionals
CDs	Controlled Drugs
CT	Computed Tomography
DHCW	Digital Health and Care Wales
DI	Designated Individual
DRL	Diagnostic Reference levels
DTPS	Diagnostics, Therapies, Pharmacy & Sciences
FUNB	Follow Up Not Booked
HTA	Human Tissue Authority
ISO	International Organisation for Standardisation
LIMS	Laboratory Information Management System
NOUS	Non-Obstetric Ultrasound Scan
MRI	Magnetic Resonance Imaging



MH&LD	Mental Health & Learning Disabilities
OOH	Out Of Hours
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
QSRE	Quality, Safety, Risk & Experience
RGH	Royal Glamorgan Hospital
SDEC	Same Day Emergency Care
SLT	Speech and Language Therapist
SLA	Service Level Agreement
UKAS	United Kingdom Accreditation Service
USC	Urgent Suspected Cancer
HO	Home Office

1. Introduction

- 1.1 This report has been prepared to provide the Committee with details of the key issues considered by the Diagnostics, Therapies, Pharmacy & Sciences (DTPS) Quality, Safety, Risk and Experience (QSRE) Group at its meeting on 27th October 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Care Group QSRE meeting is to ensure delivery of workplace health and safety standards and safe, high-quality care to the population we serve, including prevention through public health, primary and secondary care. The purpose of this report is to provide assurance regarding these matters to the Quality, Safety & Experience Committee.
- 2.2 The Diagnostics, Therapies, Pharmacy and Sciences Care Group Quality, Safety, Risk and Experience meeting (QSRE) will:
 - Put the needs of patients, carers, colleagues and the public at the centre of all its business.
 - Provide evidence based and timely advice to the Care Group based on local need, to assist in discharging its functions and meeting its responsibilities.
 - Provide assurance to the Diagnostics, Therapies, Pharmacy and Sciences Care Group in relation to the arrangements for safeguarding patients, colleagues and the public and continuously improving the quality and safety of the services we provide.
 - Ensure that care is delivered in accordance with the Health and Care Standards for Health Services in Wales.
 - Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.



1. Highlight Report

**Alert /
Escalate**

Pathology

LIMS 2.0: The LIMS Programme remains in RAG status RED. The Deployment Plan, agreed to at the 12th August Programme Board, has changed twice since acceptance. This is primarily due to: the incomplete configuration of the LIMS system, the number of Severity 1 & 2 defects outstanding, delivery of National Interfaces, completion of Data Migration and Legacy Data. This has been escalated via operational routes. Cellular Pathology initial go live was planned for Swansea Bay Health Board (SBU) on 10th November with other Health boards to follow, this has now been delayed as user acceptance testing is yet to be approved and signed off.

Healthcare Science

Neurophysiology

Deficit continues between demand and capacity with backlogs continuing to rise for both testing and reporting, which has been further exacerbated by Healthcare Science (HSC) onboarding work. Plans to increase neurology consultant capacity within the CTMUHB is also expected to increase activity and consequently waiting times.

Planned Care Recovery funding is currently being utilised to hold additional weekday clinical sessions to increase activity.

Further mitigations in the form of outsourcing activity could rapidly reduce current waiting lists. Further information around potential outsourcing opportunities is currently being gathered.

Radiology

There is a significant backlog of reporting radiology examinations, with just over 10,000 X-rays pending. Current mitigation measures include rostering SPRs for extra reporting, outsourcing Musculoskeletal (MSK) cases, utilizing training posts and the returning from parental leave. We are aiming to address the backlog in the more likely clinical urgent cases (chest x rays) by December as a priority.

Staffing challenges, particularly in relation to out of hours cover, continue to impact service resilience and staff wellbeing. These concerns were identified during the PCH IR(ME)R inspection as an area requiring improvement. Monitoring and workforce planning are ongoing to mitigate risks to safe and effective service delivery.

There is currently an insufficient number of support staff at Healthcare Support Worker (HCSW) Band 2/3 level, and a staffing review is underway to mitigate this risk. This shortage has a significant impact on the ability to provide ultrasound



services, particularly due to the requirement for chaperones during intimate examinations.

A number of sonographers across the health board have been affected by work-related musculoskeletal disorders (WRMSKD), resulting in a critical workforce issue that is directly impacting the department's ability to deliver NOUS services. Risk assessments have been completed in collaboration with the Manual Handling Advisor and the Health and Safety Radiographer and a report drafted. Mitigations include the use of locum sonographers.

Radiology-supported endoscopy services at RGH have been temporarily suspended following the identification of critical faults in the endoscopic equipment. As a result, the service has undergone reconfiguration, with procedures being redirected to other sites. This has led to a decrease in overall service capacity, which may affect access to the service and contribute towards longer waiting times. A capital bid to replace all faulty equipment and return the service to PCH has been submitted to Welsh Government and we are expecting to hear by the end of November 2026.

A recent power outage and manual generator/UPS switch-over at RGH damaged CT scanners, exposing a critical risk. If the manual switch-over process is not corrected, further damage could occur, potentially resulting in complete loss of CT service and significant delays in patient care, with repair costs of approximately £350,000 per tube. Estates have committed to prioritising CT during generator activation, and weekly meetings with the scanner manufacturer and estates are ongoing to monitor progress and mitigate this risk.

Medicines Management

- Primary Care
 - Potential risk to patients with the change in strengths of Rybelsus® (due to change in formulation and bioavailability). Ready to go with information to practices and ScriptSwitch messages in anticipation of these products being available to prescribe in primary care.
 - Ongoing issues with Antiviral availability – now adding Paxlovid and Molnupirivir to NHS Urgent Medicines Supply Advanced Service (NUMSAS) in Community Pharmacy– aiming for end of week of 27/10/25.

AHP

Dietetics - No sustainable funding identified for PIPYN beyond March 26. Ongoing conversations with operational colleagues.



	<p>AWDPP (All-Wales Diabetes Prevention Programme) – risk that no delivery from April 26 onwards is a missed opportunity to reduce the prevalence of Type 2 Diabetes given national evaluation demonstrated 25% reduction in development of Type 2 Diabetes. Ongoing conversations with operational colleagues.</p>
Advise	<p><u>Radiology</u></p> <p>Plans for MRI at RGH are progressing to reduce entry points to the MR Controlled Access Area, as outlined in the physics risk assessment. Statement of Need (SON) and Fire Build applications have been approved, and architects and contractors appointed.</p> <p>Nuclear Medicine, a revised permit for POW is being prepared to accommodate increased waste in readiness for service centralisation.</p> <p>There is a new national taxonomy policy for radiation incidents within Datix. This will enable thematic analysis at both a national and local level.</p> <p><u>Pathology</u></p> <p>Cellular Pathology – Transfer of reports from outsourcing: currently all reports received from the outsourcing company are manually transferred from the results portal to the Pathology system. This has resulted in incidents where reports have been incorrectly transcribed, and the risk has been increased to reflect this. Cellular Pathology is currently working with the outsourcing company to implement an automated solution which will enable results to be electronically transmitted directly to the pathology system. A statement of need has been submitted to progress this; now on the Capital priorities list awaiting consideration.</p> <p><u>Health Science</u></p> <p>Audiology</p> <p>Rise in equipment failure in adult services (pan-CTM). Statements of need have been submitted which will enable the procurement of replacement equipment.</p> <p>Insourcing in Ear, Nose & Throat (ENT) has started with an impact of 50 new referrals per week into audiology with an understanding that this could further increase.</p> <p>A demand and capacity exercise has been undertaken to understand if there is any underutilised capacity within the system and how this could be better utilised to reduce audiology waits.</p>



	<p>Plans to mitigate an evacuation risk at Keir Hardie Health Park (KHHP) for patients with decreased mobility are being developed through the proposed use of downstairs room when available. Further discussions are currently being undertaken to ensure the suitability of the room and to understand any limitations.</p> <p>Clinical Engineering The service is currently unable to progress Quality Management System implementation to regain ISO 9001:2015 and technologist training plans due to service pressures and continual demand on time to beds service. Consideration is being given to how these areas can be progressed to avoid any impacts in the future.</p> <p>Increased Blood Transfusion Risk: As reported to the previous meeting, 9 clinical incidents were reported in relation to Blood Transfusion 07/07/2025 – 20/08/2025. Six of these resulted from errors that originated in Blood Bank. The increased incidents in the Blood Transfusion Service was previously escalated via the Clinical Director of Health Science, with a recent assurance paper being presented to the Executive Leadership Group. A follow-up brief has been written to provide further assurance in relation to the current status of the Blood Transfusion service and the outcome of incident review meetings and actions taken. This will be discussed within ELG and through operational governance routes. Although the staffing risk remains, the depleted senior team is now back to full capacity and no further moderate (or above) harm incidents have been reported throughout September/October.</p>
Assure	<p>Medicines Management CD audits: Target= 100% Current figures for completion of CD audits are:</p> <ul style="list-style-type: none">• RGH: 97% [Previous Quarter 81%]• PCH: 100% [Previous Quarter 100%]• POW: 82% [Previous Quarter 84%]• YCR: 100% [Previous Quarter 100%]• YCC: 85% [Previous Quarter 100%] <p>AMaT team building dashboard to assist with planning and reporting on compliance</p> <ul style="list-style-type: none">• HMP Parc<ul style="list-style-type: none">○ Controlled drugs training has commenced with all staff – multiple sessions scheduled, good attendance and response to date. Working with Principal Pharmacist Antimicrobials on introduction of AMS Huddle at Parc, aimed at supporting pharmacists in enhancing antimicrobial prescribing.



Pharmacy team is also working with Public Health Wales (PHW) to support data collation for the review of antimicrobial prescribing practices in Welsh prisons.

Pathology

Biochemistry analyser upgrade: The Biochemistry Department at Royal Glamorgan Hospital has now completed the implementation of new analysers, involving a detailed process of quality testing. The project was delivered on time (target date end of October) and the service is now back to full capacity.

Unannounced HTA /Inspection:

The unannounced HTA inspection took place on the 3rd and 4th September across the three CTM Mortuaries and associative support services (including Porters, Estates, Midwifery). This was followed by an extensive documentation assessment of Standard Operating Procedures (SOPs), Policies, Risk Assessments, Maintenance and training / competency records. All required documentation was submitted on time, and no shortfalls were found. This outstanding outcome represents a significant achievement for the CTM Mortuary and associated support services; staff have been commended for their dedication and commitment to maintaining such a high standard of service delivery.

RGH Postmortem Suite Ventilation:

Concerns have been raised regarding a recent ventilation report for the RGH postmortem suite. There are specific HTA standards in relation to ventilation of postmortem suites, and with the negative pressure being low, advice was sought from HTA. The ventilation remains compliant as the room pressure is still negative (negative pressure prevents cross-contamination into surrounding areas), and the necessary 10 air changes are being recorded. Any further decline in the ventilation will be reported to HTA. In the interim, a statement of need has been submitted to replace/repair the postmortem suite door, any high-risk postmortems will be transferred to PCH (where ventilation is better), and staff and visitors will continue to apply universal precautions in relation to Personal Protective Equipment (PPE). Longer term plans are to move the Postmortem (PM) suite to PCH.

Community Body Stores

On 3rd November, a pilot will be undertaken where Pathology will take over the management of Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon body stores, supported by facilities and nursing colleagues. This is in line with Welsh Government recommendations following the publication of the Fuller Report.



Infected Blood Inquiry: implementation of recommendation 7e – implementing Serious Hazards of Transfusion (SHOT) reports:

Following the publication of the Infected Blood Inquiry (IBI) Report and its recommendations on 20th May 2024, an oversight group has been tasked with monitoring their implementation and reporting progress into Welsh Government.

Health Science

Audiology

In a recent Adult Quality Standard visit the service obtained an overall compliance score of 91.8%, exceeding the required target score of 85% and a clear demonstration of the continuous quality improvements made by the profession.

Cardiac Physiology

The previously reported demand–capacity gap within the Echocardiography service continues to decrease through the provision of funded additional weekend appointments. Even with this targeted approach further work is required to achieve the 8-week target. Absence in PCH and RGH Echo staff is exacerbating the situation.

A longer-term workforce plan is being developed to support sustainable service delivery. Initial engagement has commenced for a demand and capacity review of Echo resources across CTM, with the objective of ensuring equitable access, consistent service provision, and improved operational efficiency.

Utilising bank staff to maintain ECG service to wards in PCH

Radiology

A regular Emergency Department Radiology meeting is being established to strengthen communication and governance across services. In addition, Lunch and Learn sessions will be launched across all acute sites to promote Continuing Professional Development (CPD) among Radiology staff. A Basic Life Support training drive is underway to ensure all Radiology team members maintain good compliance.

AHP

Occupational Therapy (OT) Principal Team attending 'Safe to start' meetings daily in RGH, POW and PCH. Very positive feedback received regarding value and impact of this by site/patient flow leads.



	<p>OT – very much involved in Optimise plan for POW. Senior OT leads 'ward sponsor', championing MDT upskill and education. This supports the wider OT and CTM winter plan.</p> <p>SLT / OT – all registered SLTs / OTs re-registered successfully with HCPC by the deadline with no issues.</p>
Inform	<p><u>Radiology</u> External referrers have been entitled to refer into CTMUHB. All other health boards in Wales are looking to adopt the same approach so we may receive a similar letter.</p> <p><u>Medicines Management</u></p> <ul style="list-style-type: none">• YCC/YCR-High Risk drugs Whiteboard now implemented across YCR and YCC which includes Clozapine. <p><u>Pathology:</u></p> <p><u>UKAS (United Kingdom Accreditation Service) Inspection:</u> UKAS inspection took place during the first week of July. Minor findings were received for each department; all findings have now been cleared. The team are currently arranging the next surveillance visit which is planned for June 2026.</p> <p><u>AHP</u></p> <p>The AHP Rapid Community Access Model has been shortlisted for AHA Cymru Awards 2025. Final award ceremony on 14/11/25</p> <p>OT – continuing demand for OT at YGT, as discussed in previous meeting. AHP leads are working with colleagues in USC with a plan in place to support improvements.</p> <p>SLT – CTM's Speech and Language Therapy service shortlisted for the Mental Health & Wellbeing Wales Awards 2025 for a Mental Health & Wellbeing Wales Awards 2025, in the category of Workplace Wellbeing Award. The awards aim to recognise individuals and organisations who go above and beyond to support the wellbeing of others.</p> <p><u>DTPS Complaints Received and Compliance</u></p>



DTPS - PALS Enquiries by First Received (Month)- Rolling Year - (First and Current Months Not Complete)																													
	<table border="1"> <caption>DTPS - PALS Enquiries by First Received (Month) - Rolling Year</caption> <thead> <tr> <th>Month</th> <th>Enquiries</th> </tr> </thead> <tbody> <tr><td>Nov 2024</td><td>11</td></tr> <tr><td>Dec 2024</td><td>22</td></tr> <tr><td>Jan 2025</td><td>23</td></tr> <tr><td>Feb 2025</td><td>11</td></tr> <tr><td>Mar 2025</td><td>15</td></tr> <tr><td>Apr 2025</td><td>17</td></tr> <tr><td>May 2025</td><td>25</td></tr> <tr><td>Jun 2025</td><td>21</td></tr> <tr><td>Jul 2025</td><td>29</td></tr> <tr><td>Aug 2025</td><td>26</td></tr> <tr><td>Sep 2025</td><td>20</td></tr> <tr><td>Oct 2025</td><td>19</td></tr> <tr><td>Nov 2025</td><td>3</td></tr> </tbody> </table>	Month	Enquiries	Nov 2024	11	Dec 2024	22	Jan 2025	23	Feb 2025	11	Mar 2025	15	Apr 2025	17	May 2025	25	Jun 2025	21	Jul 2025	29	Aug 2025	26	Sep 2025	20	Oct 2025	19	Nov 2025	3
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Appendices	N/A																												

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Effective



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required at this point
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality: NEUTRAL Outcome for Welsh Language: NEUTRAL/	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

- 4.1 The committee is asked to **NOTE** the highlights outlined in section 3 of this report.