Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety & Experience Committee
held in Public on 7 May 2026
held in the Boardroom, Carlton Court, St Asaph and via Microsoft Teams

In Attendance	
Name	**Title**
Caroline Turner	Independent Member, Chair
Tehmeena Ajmal	Chief Operating Officer
Emily Bebbington	Speciality Registrar in Public Health
Dr Clara Day	Executive Medical Director
Geoff Ryall-Harvey	Llais
Glesni Driver	Head of Statutory Compliance and Inquiries
Urtha Felda	Independent Member
Matthew Joyes	Deputy Director of Legal Services
Joanne Kendrick	Head of Quality
Mike Larvin	Independent Member (via teams)
Chris Lothian-Field	Independent Member (via teams)
Lois Lloyd	Chief Pharmacist (via teams
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences
Zoe Prince	Director of Nursing - Mental Health
Pam Wenger	Director of Corporate Governance
Ed Williams	Deputy Director of Performance & Commissioning (via teams)
Gareth Williams	Vice Chair, BCUHB
Angela Wood	Executive Director of Nursing & Midwifery
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS
QS26.58 Welcome and Apologies Apologies were received from Debbie Eyitayo, Stuart Keen, Carol Shillabeer, Paolo Tardivel.
QS26.59 Declarations of Interest No declarations of interest were received.
QS26.60 Unconfirmed Minutes of the Meeting held on 5 March 2026 The following amendments were requested: • QS26.37: abbreviation of DECLO to be included for clarity, “Designed Educational Clinical Lead Officer”.

- Clarified that the Llandudno Orthopaedic Centre referenced is the "North Wales Surgical Centre".
- A small number of minor grammatical corrections to be shared with the secretariat for correction prior to publishing of the confirmed minutes.

It was agreed that, subject to the above amendments, the minutes of the meeting held on **5 March 2026** were a true and accurate record.

QS26.61 Matters Arising & Action Log

It was agreed that all due actions were completed.

It was resolved that the Committee:

- **AGREED** to close the actions that were proposed for closure.

[Zoe Prince, Pam Wenger & Gareth Williams joined the meeting].

QS26.62 Patient Story – This Too Will Pass

The Committee received the experience item.

[Tehmeena Ajmal joined the meeting].

In discussing the item, the Committee:

- Thanked Llais for their involvement in creation of the video, and shared thanks to the patient for sharing their story.
- Recognised the importance of sharing the story widely to challenge stigma and raise awareness, noting the patient's wish to share their experience publicly, including a community screening at the Community Cinema in Porthmadog on 15 July, which will be followed by a question & answer session with Mental Health Learning Disabilities (MHLD) colleagues also in attendance.
- Emphasised the importance of respect, kindness and understanding of the lived experiences of individuals living with chronic conditions.
- Noted the impact of housing, social circumstances and community-based support on outcomes, as well as the relevance of the story for staff education and training.

It was resolved that the Committee:

- **NOTED** the report.

[Zoe Prince left the meeting and Ed Williams joined the meeting].

QS26.63 Service Presentation – Urgent & Emergency Care (UEC)

The item was shared by the Chief Operating Officer. The following points were highlighted:

- The development of a refined 90-day Plan aligned with the Integrated Medium-Term Plan (IMTP) assumptions on key performance and quality metrics, and ensuring embedding of long-term changes.

- Tighter quality monitoring processes have been introduced, involving fortnightly performance and safety reviews with each IHC, which are focused on areas such as undesignated care areas, forward boarding, intentional rounding, as well as learning from complaints and significant incidents.
- There is recognition of the risks associated with long waits, ambulance handover delays and deconditioning.
- Reference was made to Community by Design, and how this can be utilised to improve UEC performance, including the role of social care and local authorities. A workshop is scheduled for 19 May with Local Authorities to identify enabling actions and expectations from partners.

[Dyfed Edwards joined the meeting].

In discussing the item, the Committee:

- Highlighted the need for clear trajectories and outcome measures to provide further assurance to the Board.
- Noted an upcoming Planning, Population Health & Partnership (PPHP) development session due to be held focusing on Community by Design for further awareness.

It was resolved that the Committee:

- **NOTED** the update.

[Tehmeena Ajmal left the meeting].

GOVERNANCE, RISK & ASSURANCE

QS26.64 Integrated Quality Report

The item was presented by the Executive Director of Nursing & Midwifery, Executive Medical Director and Deputy Director of Legal Services. Some overlap was noted between this item and the regulatory paper. It was agreed that future updates would be merged going forward, and the regulatory paper would not return as a stand-alone item as further detail is given through the integrated quality report.

The following points were highlighted:

- There was occurrence of two never events, with associated learning referenced within the report. An increase in events is noted. Whilst incidents are not associated, there can often be similar themes linked with following process.
- The report notes timeliness of investigations (a 75-day average), with acknowledgement of varying complexities impacting on timescale.
- Work is ongoing to reduce the number of incidents. Some progress has been seen, with further improvement still required.
- An increase in complaints has been seen. This was expected, following the implementation of the new Listening to People framework from 1 April 2026. Whilst an increase is noted, performance is still within trajectories with the resolution target met.

[Gareth Williams left the meeting].

In discussing the item, the Committee:

- Were advised regarding the one prevention of future death notice received, that this was initiated by the coroner to all Welsh Health Boards, but does not involve BCUHB directly. A response from BCUHB has been submitted.
- Emphasised the importance of understanding system pressures contributing to Never Events, to then enabling learning which can often require a whole system approach. Consideration was given to both the impact on patients as well as staff involved in regards to incidents.
- Raised concern over Welsh language compliance in some areas, highlighting the importance of ensuring staff are clear on legislation and expectations. Clarity is also needed in regards to expectation of care provided outside Wales, and the requirement to provide Welsh language service. It was suggested a Welsh language briefing be included for a future development session.
- Clarified that the concerns relating to insourcing are being addressed, and a reduction in incidents has been seen.
- Advised of a previous awareness session on the Listening to People Framework that took place in a recent development session. This was circulated to members for awareness.
- Requested a demonstration of the Quality Score Card referenced in 9.5.1 at a future development session.

The following actions were agreed:

- **Action QS26.64.1**: Regulatory paper to be merged with the Integrated Quality Report going forward.
- **Action QS26.64.2**: A Welsh language briefing be included at a future development session.
- **Action QS26.64.3**: a demonstration on the Quality Score Card to be given at a future development session.

It was resolved that the Committee:

- **NOTED** the current position.

QS26.65 Integrated Performance Report

The report was presented by the Deputy Director of Performance & Commissioning**.** The following points were highlighted:

- Improvement is noted on 11 out of 15 metrics, with one metric (Emergency Departments) seeing an increase in March.
- It was advised that areas will be reviewed by Executives and closely monitored and will be escalated to Committee as and when required.

In discussing the item, the Committee:

- Referenced the need to ensure alignment with the NHS Performance Framework for 2026/27, and ensuring metrics are linked with the IMTP around prevention.
- Emphasised the need of ensuring appropriate governance and assurance. It was clarified that the framework was referenced at Performance, Finance & Information Governance (PFIG) committee the previous week, following review at the Board in March, and will return to Board in May, which will set out reporting and governance

arrangements. In accordance with the framework, reporting will come through PFIG as a standard item, with a paper already expected at the next PFIG committee.

It was resolved that the Committee:

- **NOTED** the current position.

QS26.66 Regulatory Paper

The paper was presented by the Head of Quality. The following points were highlighted:

- Progress has been seen with recent Healthcare Inspectorate Wales (HIW) inspections. Sign off will not be given until HIW have assurance. A revisit is also expected after three months as follow up.
- There is a good ongoing relationship with the Ombudsman office, with implementation of the new complaint procedure strengthening this work.
- Further work is ongoing to strengthen organisational tracking and oversite, to ensure robust processes.

In discussing the item, the Committee:

- Were advised that implementation of the Commissioning Assurance Framework is being supported by governance and was previously presented at a PFIG Committee prior to discussion at May Board.
- Noted the spread of complaints across the region and queried how the resolution process. These are being explored by clinical executives and trends identified.
- Highlighted the need to consider staff wellbeing linked with regulatory demands.

It was resolved that the Committee:

- **NOTED** the report.

QS26.67 Nurse Staffing Act

The Executive Director of Nursing & Midwifery presented the item. The following points were highlighted:

- The item has to be presented to Committee on a six-monthly basis.
- A number of check and challenge meetings were undertaken with divisions in April, with outcomes of these reflected within the report.
- The previous review identified areas and wards requiring uplifts. The Nursing Staffing Act has been maintained, and no additional ward establishment uplifts are currently required based on acuity, harm and workforce review.

In discussing the item, the Committee:

- Requested a short paper be received at the next Committee meeting in relation to staffing ratios on the wards not covered by the Act for information.

The following actions were agreed:

- **Action QS26.67.1**: a short paper to be received at the next Committee meeting regarding staffing ratios of the wards not covered by the Act.

It was resolved that the Committee:

- **NOTED** the report.

[Ed Williams left the meeting].

QS26.68 Board Assurance Framework

The item was presented by the Director of Corporate Governance. The Board Assurance Framework maps strategic intent statements agreed by the Board. Overall progress is recognised, with further work ongoing to continue to strengthen.

It was resolved that the Committee:

- **NOTED** the report.

IMPLEMENTING THE QUALITY MANAGEMENT SYSTEM (QMS)

QS26.69 Clinical Services Plan (CSP)

The item was presented by the Executive Medical Director. The following points were highlighted:

- A launch day took place on 5 May with approximately 75 leaders across different professionals across BCUHB in attendance, which emphasised the need for collaboration. Strong engagement was fed back from the event, and advice was taken from Hywel Dda University Health Board following a previous similar event.
- Important factors for consideration include changes in population, workforce and medical practices, along with access to treatment and digital processes, as well as ensuring practices are cost effective.
- The CSP also links in with work relating to fragile services, Community by Design and the Foundation for the Future (FFTF) programme, with the need to focus on staff development and population health outcomes.

In discussing the item, the Committee:

- Noted the good attendance and engagement from the launch event.
- Referenced links with FFTF and the importance of ensuring engagement of clinical leads.
- Noted the positive engagement and shared learning with Hywel Dda University Health Board.
- Referenced recruitment aspects, and explored the potential of appointing to services specifically, and emphasised the need of ensuring clear expectation and skills for roles.
- Suggested the Clinical Services Plan be included as a topic on at a future development session for further information.

The following actions were agreed:

- **Action QS26.69.1**: the Clinical Services Plan be included as a topic on at a future development session for further information.

It was resolved that the Committee:

- **NOTED** the update.

IMPROVING QUALITY, OUTCOMES & EXPERIENCE

QS26.70 Challenged Services Update

The item was presented by the Executive Medical Director. The following points were highlighted:

- The services under the category were identified by Welsh Government previously. It is felt by BCU that Oncology and Plastics no longer meet within the defined criteria. From this year, the term "Fragile Services" has been adopted to references further services that are felt to need further review and rapid regionalisation, which are covered separately to the Challenged Services.
- A refresh of fragile services is underway, with the Chief Operating Officer meeting with IHC Directors to refresh operational ownership. An updated programme of work is expected prior to the next Committee meeting.

In discussing the item, the Committee:

- Noted universal difficulty regarding recruitment. It was advised that key influencers can be workforce planning and changing clinical practice, as well as high pressurised service areas.
- Referenced the hybrid facilities for vascular services at Ysbyty Glan Clwyd and the importance of ensuring relevant factors like this are emphasised to attempt to aid recruitment.

It was resolved that the Committee:

- **NOTED** the report.

[Zoe Prince rejoined the meeting].

QS26.71 Adult Mental Health & Learning Disabilities

The item was presented by Zoe Prince, Director of Nursing for MHLD. The following points were highlighted:

- An update was requested following several queries raised through the Expert Advisory Group (EAG) during the last committee meeting.
- Work is ongoing to align with Welsh Government's 10-year Mental Health strategy.
- The Operational Delivery Group (ODG) chaired by the Chief Executive provides a single point of accountability for Mental Health across the Health Board.
- The strategy is focused on reducing inpatient admissions and focusing on community-based care. A significant enabler for this improvement would be to move to a flexible access model, with the intention to reduce waits and provide earlier intervention. A new model is being developed in partnership with Welsh Ambulance Service Trust, which provides an opportunity to influence the national direction.
- Clarity was given regarding the care coordinator role, confirming that this has to be undertaken by a registered health or social professional.
- Further information was shared regarding part three and four of the Mental Health Measure. Part three, covers the right for service users to self-refer back into the service without the need to access primary care. A trend is seen both regionally and nationally, whereby patients often default back to Primary Care services. There is a

focus on information sharing with patients at discharge and strengthening relationships with primary care.
- Part four on the measure references the need to ensure advocacy is in place. An independent service is commissioned to provide this. Reporting on this part has changed from quarterly to annual reporting. The annual report will be shared with Committee once available. Feedback following the latest HIW visits to Hergest and Ablett stated that advocacy was visible and accessible to patients.

In discussing the item, the Committee:
- Added further that the care coordinator role does not have to be a separate standalone role in a patient's care, and could be an additional aspect to a clinician already involved.
- Emphasised the importance of continuity of care for patients through the same coordinator through an episode of care.
- Emphasised the need for clear communication between the clinician and patients, and ensuring awareness of rights and entitlement, including following discharge.
- Highlighted the importance of environment and the impact this can have on patients as well as staff, which can impact further on patient outcomes. It was noted that environment is often highlighted as part of Llais visits to inpatient facilities. It was advised that the Director of Environment & Estates has visited sites following the previous EAG item at the Board earlier this year. An update on this is expected at the ODG as a workstream. It was agreed for a chairs report from the ODG to be included on the standard QSE agenda item for information going forward.
- Noted an update on the new Mental Health Measure which will have significant changes and impact, with the expectation of shifting demand and complexity further into the community than currently. The importance of factoring in these changes through workforce planning was highlighted.
- Requested future updates include further data on the number of patients who have a designated care coordinator, highlighting any changes over time and trends.
- Requested the advocacy annual report be included for information at the next meeting.

The following action was agreed:
- **Action QS26.71.1**: a chairs report from ODG to be included on the QSE agenda for information going forward.
- **Action QS26.71.2**: future MHLD updates to include data on number of patients with designated care coordinators, highlighting any trends.
- **Action QS26.71.3**: The advocacy annual report to be included for information at the next QSE meeting.

It was resolved that the Committee:
- **NOTED** the report.

[Zoe Prince left the meeting].

QS26.72 Mortality

The item was presented by the Executive Medical Director. The following points were highlighted:

- The paper covers population level data across a range of characteristics, covering death from physical causes as well as death by suicide.
- Regarding the Mental Health aspect, death by suicide is monitored in rolling years, and can only be defined following inquest, which can take several months. Figures around suspected suicide surveillance therefore gives a timelier figure.
- For every death that occurs, where the patient was under MHLD at the time, and the death was not linked to end-of-life care, the death is reported as unexpected and is investigated as per process.
- The importance of take situational circumstances into account when comparing health boards was highlighted.

[Chris Lothian-Field left the meeting].

In discussing the item, the Committee:

- Agreed that further work was required on premature mortality to ensure accurate reflection of health services.
- Noted that it was importance to acknowledge that BCUHB has the largest population number and area out of Welsh Health Boards, and the importance of considering this when reviewing data.
- Advised that the report would be shared with Gareth Williams, Vice Chair of the Board for awareness, as well as with EAG members as required.
- Requested future reports to include information from MHLD.
- Advised of a correction to papers, Prof Rob Atenstaed is a Consultant in Public Health and works for BCUHB rather than Public Health Wales as stipulated in the report.
- Sent thanks to the Interim Director MHLD for their continued work, ahead of upcoming retirement.

The following actions were agreed:

- **Action QS26.72.1**: the next mortality report to committee to include reference to MHLD data.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

QS26.73 Corporate Governance Report

The item was presented by the Head of Corporate Governance. The cycle of business is currently being reviewed to ensure alignment with the IMTP. In future reports, private items will require information as to why they are being received in private to ensure alignment with process.

It was resolved that the Committee:

- **NOTED** the report.

QS26.74 AAA Report – Mental Health Oversight & Development Group

It was resolved that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

QS26.75 Agree Items for Referral to Board / Other Committees

It was agreed that the Patient story would be shared at the Board in May.

The chair advised updated regarding the All Wales Quality, Safety & Experience Meeting held with all Welsh Health Boards that met earlier this week. Items considered included the Neonatal Assurance Assessment and NHS Performance & Improvement on the national patient safety plan. It was advised that gap analysis has been undertaken on the report to understand the current position. Once complete, this will go through to Executive Committee and QSE Committee.

QS26.76 Review of Meeting Effectiveness

The Committee agreed to pilot a new approach from the next meeting whereby one executive and one independent member provide feedback at the close of each meeting.

The Committee commended the quality, clarity and depth of papers presented.

QS26.77 Date of next meeting

2 July 2026

QS26.78 Resolution to Exclude the Press and Public

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'