

**Betsi Cadwaladr University Health Board (BCUHB)**  
**CONFIRMED Minutes of the Quality, Safety and Experience**  
**Committee held in Public on 4 September 2025**  
**In the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members present</b>	
<b>Name</b>	<b>Title</b>
Chris Lothian-Field	Committee Vice Chair, Independent Member – Chairing meeting
Urtha Felda	Independent Member
Professor Mike Larvin	Independent Member
<b>In Attendance</b>	
Angela Wood	Executive Director of Nursing & Midwifery
Emma Adamson	Consultant Midwife
Tehmeena Ajmal	Chief Operating Officer
Ros Alstead	Independent Advisor, Royal College of Psychiatrists Action Plan Response (part meeting)
Sree Andole	Interim Executive Medical Director
Clara Day	Observing as the Incoming Executive Medical Director
Dyfed Edwards	Chair, BCUHB
Adrian Jones	MH&LD, Assistant Director of Nursing (Deputising for Iain Wilkie, Director of Mental Health)
Dave Harries	Head of Internal Audit
Matt Joyes	Deputy Director for Legal Services
Jo Kendrick	Head of Quality
Fiona Lewis	Corporate Governance Officer (Minutes)
Lois Lloyd	Chief Pharmacist
Phylis Makurunje	Aspiring Board Member (observing)
Phil Meakin	Associate Director of Governance, Lead for RCP Action Plan response (part meeting)
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Philippa Peake Jones	Head of Corporate Governance
Geoff Ryall-Harvey	Llais, North Wales (part meeting)
Paolo Tardivel	Interim Executive Director of Transformation and Improvement
Pam Wenger	Director of Corporate Governance (part meeting)

<b>OPENING BUSINESS</b>
<b>QS25/79 Welcome and apologies</b>
Chris Lothian-Field, as Committee Vice Chair, opened the meeting and welcomed all to the meeting.

Apologies were received from Dr Caroline Turner (QSE Chair), Stephen Powell (Director of Commissioning & Performance) and Iain Wilkie (Director of Mental Health & Learning Disabilities) Adrian Jones deputised.

#### **QS25/80 Declarations of Interest**

No declarations of interest were raised.

#### **QS25/81 Unconfirmed minutes of meeting held on 3 July 2025**

**It was resolved that** the Committee:

- **Agreed** the Minutes were a true and accurate record of the meeting held on 3 July 2025, once amended to show that both Sree Andole and Phylis Makurunje were in attendance.

#### **QS25/82 Matters Arising and Action Logs**

Updates to the Action Log were noted. Executive Director of Nursing and Midwifery to liaise with Performance and Commissioning Team for an update on quality commissioned services. Actions for The Director of Performance and Commissioning will be reviewed and reassigned as needed.

**QS25/82.1** Executive Director of Nursing and Midwifery to liaise with Performance and Commissioning Team for an update on quality commissioned services and review and reassign any of The Director of Performance and Commissioning actions.

**It was resolved that** the Committee

- **Agreed** the updated log.

#### **QS25/83 Patient Story – Play Therapy**

A powerful patient story was shared highlighting the experience of a family with a child with additional needs, who had encountered a traumatic blood test, requiring seven staff to restrain the child. This time, the family was supported by a play therapist at Wrexham Maelor Hospital, transforming the experience. Pre-procedure support included familiarisation sessions and a sedative. The procedure was successful with minimal distress.

Committee reflections emphasized the importance of play therapists, holistic care, and compassionate support. Actions proposed included expanding play therapy support, developing resources, exploring third-sector partnerships, strengthening the volunteer strategy, and promoting cultural improvement.

AW agreed to discuss with her Directors of Nursing the possibilities of linking with play specialists, with a view to providing a suite of resources.

**Action:**

- **QS25/83.1 AW** agreed to discuss with her Directors of Nursing the possibilities of linking with play specialists, with a view to providing a suite of resources.

**It was resolved that** the Committee

- **Noted** the report.

## SERVICE PRESENTATIONS

### QS25/84 Women's, Maternity and Gynaecology Services

Emma Adamson, Consultant Midwife, provided a comprehensive update on maternity services, including:

- benchmarking against the Swansea Bay review
- engagement with the National Maternity and Neonatal Review
- assurance on workforce and quality monitoring.

As part of the discussion, the Committee noted:

- consultant availability
- cultural challenges
- a Gap Analysis of National recommendations.
- the importance of compassionate care
- support for vulnerable groups.
- midwifery staffing and proactive recruitment
- the Saving Babies Lives initiative was fully implemented in BCUHB.

**It was resolved that** the Committee:

- **Noted** the information provided.

## QUALITY CONTROL

### QS25/85 Integrated Quality Report

The Executive Director of Nursing and Midwifery, The Interim Executive Medical Director, The Executive Director of Public Health, The Executive Director of Allied Health Professionals and Health Science and the Deputy Director of Legal Services provided their insight into their respective sections of the report. The report covered patient safety, infection control, patient experience, and clinical effectiveness. Highlights included:

#### Patient Safety

- The number of open incidents was reviewed, ranging from minor issues (e.g. lost name badges) to serious events (e.g. deaths).
- Ongoing concerns were noted in relation Oxygen Cylinder Safety. With the Executive Director of Nursing and Midwifery committed to writing to all registrants to reinforce responsibilities, especially regarding patient movement and medication administration.
- One never event (wrong site surgery) occurred in June. World Health Organization checklist was followed and no significant harm resulted.
- In relation to safeguarding training, level 3 compliance was improving after previous Electronic Staff Record system limitations.

#### Infection Prevention and Control

- Clostridium difficile noted as a challenge with deep cleaning and cohorting strategies being implemented.

- National Improvement goals for 2025–26 are delayed due to staffing issues at a national level, the Executive Director of Nursing and Midwifery confirmed internal targets were being used in the interim.

### **Patient Experience**

- In relation to complaints performance there was significant improvement noted:
  - 86% closed within 30 working days.
  - Average closure time reduced to 20 days.
  - All divisions exceeded the 75% target.
- Thematic analysis taking place and deep dives into complaint themes (e.g. midwifery, mental health) are underway.
- Civica system used to collect feedback digitally. ED and neonatal services now using SMS-based surveys.
- First Health Board in Wales to implement Swan bereavement nurses. Two Band 7 nurses are now operational.
- The Chaplaincy and Spiritual Care contribution to patient experience was acknowledged.

### **Clinical Effectiveness**

- The Interim Executive Medical Director advised that in relation to Audit Compliance:
  - 9 Tier 1 national audits completed in Q1.
  - 96% NICE guidance compliance.
  - Significant improvements in governance and digital tools (e.g. QR code access for mortality reviews).
- Monthly Learning Initiatives were highlighted noting that topics had included opioid prescribing and MCCD process.

### **Quality Assurance**

- In relation to HIW Reports positive feedback had been received from recent inspections and no immediate assurances required.
- Improvement Plans are being monitored via the Regulation Assurance Group. Scrutiny ensures actions are robust and applicable across services.
- Delays on overdue HIW actions on some of which are due to audit schedules or feasibility concerns (e.g. second maternity theatre). Negotiations with HIW are ongoing.

### **Organisational Learning**

- Update received on the Quality Management System (QMS):
  - Digital maturity assessment app developed and trialled.
  - Rolled out to eight challenge services.
  - Plans to expand and potentially license the tool for wider use.
- Learning Repository is designed to track shared learning and feedback loops.

### **Legal Update**

- Regarding Inquests improvements in information flow noted. One inquest with a negligence finding but no Regulation 28 issued, indicating satisfactory remediation.
- Learning From Events Reports indicate that the number of overdue returns has reduced from 35 to 20. Women's services are facing challenges due to increasing evidence requirements.

As part of the discussion, the Committee:

- Discussed the importance of measuring cultural change, especially in midwifery services.
- Emphasised improvements, particularly in complaints handling.
- Were concerned about complaints relating to attitude and communication as those areas are within the organisation's control.
- Highlighted that to improve clarity and accessibility of reports for public audiences there should be a reduction of the use of acronyms and additional context to data should be included.

**It was resolved that** the Committee

- **Noted** the report

### **QS25/86 Integrated Performance Report**

In the absence of the Performance Director, the Executive Director of Nursing and Midwifery highlighted provided a summary of key points from the Integrated Performance Report. She noted that much of the content had already been covered in previous agenda items, but highlighted the following:

- Clinical coding progress was reported in recruitment and training, with improvements in coding compliance approaching the 90% target.
- In relation to colonoscopy access, concerns were raised regarding the low compliance (3.9%) with the target for colonoscopy within four weeks of screening. Angela confirmed this was a system-wide challenge and noted that while upper GI nurse endoscopists are in place, lower GI coverage remains a gap. Work is underway to address this through training and workforce development.
- With regards to patient experience feedback, the positive trajectory in Civica feedback responses was good but the emphasis was no on the importance of translating feedback into meaningful service improvements.

Following the presentation, the Committee reflected on:

- The importance of presenting performance data in a way that supports a positive and accurate public narrative about the organisation's progress.
- The need for consistency in how performance data is presented, including clearer context, trajectory, and benchmarking against other Health Boards.

The Committee noted that the Executive Committee were having a session to review the format of both the Integrated Performance and Quality Reports.

**It was resolved that** The Committee:

- **Reviewed** the contents of the report and
- **Proposed** actions noted above arising from the report,
- **identified** any additional assurance work or actions it would recommend Executive colleagues to undertake, as noted above.

## **QUALITY IMPROVEMENT**

### **QS25/87 Updates of Challenged Services**

The Committee received a comprehensive update from The Chief Operating Officer, Executive Director of Transformation and Improvement and The Executive Medical Director on eight services under special measures. The presentation aimed to provide assurance on progress, identify ongoing risks, and highlight areas requiring further support.

The services discussed were:

- Ophthalmology
- Urology
- Vascular
- Dermatology
- Orthopaedics
- Orthodontics
- Plastics
- Oncology

### **Ophthalmology**

- Long waiting times remain a concern
- Variation in service delivery across the three IHCs
- Difficulty in appointing a clinical lead across North Wales
- Workforce planning and job planning are under review
- Estates and digital infrastructure are not fully aligned with service needs
- Cultural resistance to community-based pathways noted

### **Urology**

- Sustainability of on-call rotas is an issue, with a reliance on locums
- Robotic surgery and service configuration challenges persist
- Patient experience concerns due to travel for procedures
- Repatriation of services (e.g., vasectomies) underway
- Business case for a Urology Investigation Unit in Wrexham progressing

### **Vascular**

- Service has improved significantly and is no longer an HIW concern
- Abdominal Aortic Aneurysm (AAA) open surgery pathway temporarily moved to Stoke
- Multi-Disciplinary Team working well with the skill mix under review
- Diabetic foot pathway finalised
- Digital tracking of patient journeys implemented

### **Dermatology**

- Rising demand due to increased awareness and referrals
- Workforce shortages in the West
- Opportunities for productivity improvements and digital solutions
- Workshop planned to address service redesign and referral management

### **Orthopaedics**

- Cold site development planned to improve elective capacity
- Theatre optimisation and day-case surgery expansion in focus
- Challenges with urgent care pressures affecting planned care
- Follow-up pathways under review for evidence-based redesign

### **Orthodontics**

- Significant backlog and workforce shortages

- Lack of alternative skill utilisation
- High strategic risk due to limited capacity and increasing demand
- Opportunities identified in digital infrastructure and workforce planning

#### Plastics

- Service commissioned externally via JCC; not delivered in-house
- Issues included access inequity, waiting list management, and infrastructure
- Improvements made through WLIs and outreach clinics
- Considered for de-escalation from special measures

#### Oncology

- Originally escalated due to consultant departures; two have returned.
- National workforce shortages persist
- Increased demand and treatment complexity noted
- Recruitment efforts include international outreach and school engagement
- £10M investment in linear accelerators and Maggie's Centre development
- Also considered for de-escalation from special measures

In discussing the report the Committee:

- Acknowledged the complexity of managing these services and agreed that future updates should focus on exceptions rather than routine reporting. Members praised the structured approach and progress made. Emphasis placed on cultural change, leadership, and sustainability.
- Agreed that challenged services should be monitored through a strategic lens, aligning with IMTP and risk registers. Continued engagement with Welsh Government on service de-escalation should continue. It was noted that workshops and targeted interventions were planned for dermatology and ophthalmology.

**It was resolved that** the Committee

- **Noted** the presentation.

### QS25/88 Tackling Planned Care Challenges

The Chief Operating Officer provided an update on the Health Board's response to the Audit Wales report on Planned Care. This was an All-Wales review, and the BCUHB response had already been reviewed by the Audit Committee. The QSE Committee was asked to consider the safety and quality implications, particularly around patient harm due to long waits.

The key themes and updates provided were:

#### Infrastructure and Programme Development

- A major change programme has been established to drive improvements in planned care
- The programme includes detailed workstreams and operational deployment plans.
- A more structured approach to activity planning and delivery has been implemented since April 2025.

#### Capacity and Delivery Confidence

- Core activity targets are being met, with the exception of a few weeks in August.

- Outsourcing remains a challenge due to delays in securing external capacity.
- The team is working on productivity and efficiency improvements, including:
- Optimising theatre use
- Reviewing models of care
- Enhancing estate utilisation

#### **Harm on Waiting Lists**

- A methodology to assess unintended harm for patients on waiting lists is being created
- A draft paper has been reviewed by the Executive Team
- The Committee agreed that reporting on harm should be integrated into the Private Quality report, with potential for public reporting once data is aggregated and anonymised

The Committee reflected on the following:

- Acknowledging the scale of the challenge, with up to a third of the population on waiting lists
- Delays can lead to more complex health needs, creating a cycle of increased demand
- The Committee emphasised the importance of cultural change, transparency, and compassionate care
- There was consensus that routine reporting should focus on impact and outcomes, not just activity metrics
- A session with the Executive team is planned to refine the reporting format and ensure alignment between the Quality report and the Integrated Performance report.
- The Committee encouraged continued focus on delivery confidence, patient experience, and strategic alignment with IMTP goals

**It was resolved that** the Committee

- **Noted** the report

*[Geoff Ryall-Harvey, Ros Alstead and Phil Meakin joined the meeting]*

#### **QS25/89 Update on the Royal College of Psychiatry (RCP) Action Plan**

The Executive Lead introduced Ros Alstead, the Independent Special Advisor and Chair of the Expert Advisory Group (EAG), who presented her last update, and reflected on the work to do towards the end of the work being carried out:

- Thanks were offered to both the People with lived experience as well as Llais for their continued support during the process
- Ward visits informed the improvement plan
- Challenges included achieving consensus among service users
- A new oversight group led by the Chief Executive will be established

Geoff Ryall-Harvey, Llais, confirmed that it had been a complex but worthwhile process.

Committee praised the co-productive approach and learning potential.

**It was resolved that** The Committee:

- **Noted and considered** the update from the Chair of the Expert Advisory Group

- **Noted and considered** the update on progress against the Expert Advisory Group Work Programme
- **Noted and considered** the Development of a draft Outcome Framework and Performance Dashboard

*[Geoff Ryall-Harvey, Ros Alstead and Phil Meakin left the meeting]*

*[Nesta Collingridge joined the meeting]*

## **ROUTINE REPORTING**

### **QS25/90 Board Assurance Framework**

The Head of Risk Management provided a brief update, which included the following:

- One delayed action noted regarding digital capacity for the learning repository.
- Mental health risks progressing as planned.
- Future updates to include IMTP integration.

#### **Action:**

**It was resolved that** the Committee:

- **Received assurance** for the progression of the Corporate Risks to which the Committee has overall accountability.

## **FOR INFORMATION**

### **QS25/94 JCC Quality Safety Outcomes Highlight Report 15.07.25**

**It was resolved that** the Committee

- **Noted** the Report.

### **QS25/95 Summary of Business to be Reported in Private part of Last Meeting**

**It was resolved that** the Committee

- **Noted** the Report.

### **QS25/96 Review Committee Forward Work Plan (FWP)**

**It was resolved that the Committee**

- **Noted** the Committee Forward Work Plan.

## **CLOSING BUSINESS**

### **QS25/98 Agree Items for Referral to Board / Other Committees**

**It was resolved that** there were no items for referral to Board or other Committees.

### **Date of Next Meeting**

13.00 Thursday, 6 November 2025

### **Resolution to Exclude the Press and Public**

*It was resolved that 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.*