

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety and Experience Committee
held in Public on 15 January 2026
held in the Boardroom, Carlton Court, St Asaph and via Teams

Members Present	
Name	Title
Caroline Turner	Independent Member (Chair)
Nesta Collingridge	Head of Risk Management
Dr Clara Day	Executive Medical Director
Jody Evans	Regional Risk Manager
Urtha Felda	Independent Member
Dave Harris	Internal Audit (via teams)
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)
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals
Paolo Tardivel	Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance (via teams)
Ed Williams	Director of Performance (via teams)
Angela Wood	Executive Director of Nursing & Midwifery
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS
<p>QS26.01 Welcome and Apologies</p> <p>Apologies were noted from Dyfed Edwards, Stuart Keen, Tehmeena Ajmal and Geoff Ryall-Harvey.</p>
<p>QS26.02 Declarations of Interest</p> <p>No declaration of interests were received.</p>
<p>QS26.03 Unconfirmed Minutes of the Meeting held on 6 November 2025</p> <p>The following amendments to the minutes were agreed:</p> <ul style="list-style-type: none"> Item QS25.113: System name to be corrected to "EIDO". <p>It was agreed that the minutes of the meeting held on 6 November 2025, subject to the above amendments, were a true and accurate record.</p>

QS26.04 Matters Arising & Action Log

Members received the action log and noted progress against the following actions:

- **Action QS25.09.3** Citizens Engagement Report - “Listening to People Framework” to return as part of the Integrated Quality Report at the next Committee meeting.

It was resolved that the Committee:

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

QS26.05 Patient Story

The Executive Director of Nursing & Midwifery presented the item, which focused on the Carers Outreach Service.

In discussing the item, the Committee:

- Were advised of the Carers Strategy being developed in BCUHB. Updates regarding this will be brought to a future Committee meeting.
- Emphasised the importance of raising the awareness of the service amongst BCU staff, and how use of the service may aid prevention of patient hospital admissions, as well as aid transfer of care. The importance of increasing knowledge of the service across Allied Health Professionals, partner agencies and Local Authorities was also highlighted.
- ML declared an interest – he has used the service as is his wife’s main carer.
- Referenced similar services available in North Wales, such as the North East Wales Carers Intervention Service (NEWCIS).
- Referenced the work completed through the North Wales Regional Carers Group, focused on mapping of current support and provision available across hospitals and communities. The outcome of this exercise will be shared with QSE and Planning, Population Health & Partnership Committees once received through the National Carers Report.
- Also made reference to DEWIS and importance of ensuring staff are aware of these resources to aid patient care.

The following action was agreed:

- **Action QS26.5.1:** National Carers Report to be reviewed by PPHP & QSE Committees.

It was resolved that the Committee:

- **NOTED** the current position.

STRATEGIC ITEM

QS26.06 Rapid Quality Review – Emergency Department

The Executive Medical Director presented the item, and highlighted the following:

- The Rapid Quality Review focused on Emergency Departments, looking at quality in further depth, exploring how this is measured, how it is changing, whilst providing assurance to the Board.
- It is known that there are areas of risk within emergency care that can impact on other aspects of departments
- The Rapid Quality Review was held in November 2025, with attendance from all IHCs. During the review, all IHCs provided responses on their concerns with quality, how quality is measured, how they are assured regarding this and what is needed to further improve quality.
- During the review, the importance of the use of the Datix systems was emphasised in regards to incident management.
- Following the Rapid Quality Review a number of actions were agreed, to which good progress is being made.
- The processes of “boarding” and “forward waiting” referenced in the paper were explained, and it was emphasised that the process of accelerated boarding can only be initiated by the Gold On Call, and is only used in a scenario to de-escalated risk due to large demand in Emergency Departments (ED). Cancer wards and Childrens wards are exempt from this process. If the process is initiated, risk assessments are undertaken and appropriate staffing levels must be in place.
- Noted the recent visits to Ysbyty Gwynedd by Health Education and Improvement Wales (HEIW), referenced in the paper, and were advised that actions following the visits have been implemented. An anonymous system has been rolled out, and over the 6 weeks since implemented, a reduction in incidents has been noted.

In discussion the item, the Committee:

- Noted the improvement in productivity due to the live data implementation. A reduction in ED demand was noted earlier than expected.
- Were advised that ambulance handover time is improving. Over the Christmas period it was expected that the position would worsen due to increased demand and limited primary services, however the position has been seen to improve again.
- Noted further work that is required to ensure Same Day Emergency Care (SDEC) is working as effectively as possible. Pressures remain in place, including staffing levels and increasing demand, however an increased senior management presence is noted. The Chief Executive and Chair of the Board visited acute sites earlier in January, linking in with ED staff. Response to the newly implemented boarding processes has noted some queries, however overall feedback has been positive.
- Noted recent meetings with Local Authority partners ensuring awareness of changes.
- Agreed for a further updated to be brought to a future meeting for assurance through the Integrated Quality Report item.

The following actions were agreed:

- **Action QS26.06.1:** Update of ED Rapid Review to be included in the next Integrated Quality Report.

It was resolved that the Committee:

- **NOTED** the current position.

GOVERNANCE, RISK & ASSURANCE

QS26.07 Integrated Quality Performance Report

The Executive Director of Nursing & Midwifery presented the item, and highlighted the following:

- IHCs are being supported to ensure a reduction in the number of overdue open incidents. It was clarified that the majority of incidents are low level incidents.
- An improved position in National Reportable Incidents (NRIs) has been noted, with there being no overdue NRI's locally as of 15.01.26.
- BCUHB is the first Health Board in Wales to implement the ICON Safeguarding programme.
- Challenges continue regarding Infection Prevention Control, although an improved position is noted, with further improvement expected. A number of wards in Ysbyty Gwynedd were closed over the Christmas period due to Norovirus, which covered up to 5 wards (123 beds). This figure is now largely reduced, and as of 15.01.26, 8 beds are affected. Masks were implemented by the Executive Director of Nursing & Midwifery across all clinical areas to reduce transmission of infections. Levels have subsequently reduced, and mask wearing as now been stood down.
- An increased number of open complaints is noted; however, the organisation is still expected to achieve target. Patient experience rating is 85%+. Urgent and Emergency Care patient experience continues to be rated as one of the lowest, and requires improvement.
- HIW actions regarding ED in Ysbyty Gwynedd remain overdue. Actions regarding Cemlyn ward are progressing. The report on Hergest is due to be published on 22 January 2026, and actions regarding Pantomime ward are currently being reviewed.
- With regards to the Ombudsman, one case remains open, with a response due by the end of January, which is expected to close on target. It is noted that fewer cases are being upheld by the Ombudsman.
- It was agreed for an update on mental health services to be included at the next meeting as part of the Integrated Quality Report to show how data from the Quality Management System is impacting on the area.
- One Prevention of Future Death Notice was received, which has been responded to, with recommended changes implemented by the service. Another PFD has been received this week, which will be included in the next report to the Committee.
- Regarding Learning from Events Reports, 12 are overdue as of 12 January 2026. A reduction has been seen over time, reflecting the ongoing work.

[Ed Williams joined the meeting].

In discussing the item, the Committee:

- Discussed mortality rates, and were advised that the rate is determined by coding on the system (Relative Adjusted Morality – RAM). Previously issues with coding were identified, and it was advised that this is now 95% complete. Due to the previous coding issues, the RAM was subsequently shown incorrectly and the adjusted deaths was lower than it should have been. It was advised that the recent decrease supports that this was a coding error.
- Noted the higher number of open incidents in central area, compared with other IHCs, although acknowledged this has dropped since the previous month. It was

clarified that there has been a change in the leadership team in the past 12-15 months, and ongoing work to ensure governance, with noted improvement as the backlog of open incidents is reviewed and addressed. Due to this, Central area has the strongest improvement trajectory of the three IHCs.

- Were advised that the previous PFD was dated 24 October 2025, and it was agreed for this to be added to the Integrated Performance Report for clarity.
- Agreed for the redress change process to be a topic for an upcoming development session, which is to be presented by the Executive Medical Director.

The following actions were agreed:

- **Action QS26.07.01:** Update to be given regarding the QMS in relation to Mental Health at a future meeting.
- **Action QS26.07.02:** date of the last Prevention of Future Deaths Notice to be added to the Integrated Performance report for clarity.
- **Action QS26.07.03:** Redress change process to be an item on the QSE development day.

It was resolved that the Committee:

- **NOTED** the current position.

QS26.08 Integrated Performance Report

[Chris Lothian Field joined the meeting].

The Director of Performance and Commissioning presented the item. Highlights included:

- There are noted concerns regarding the increasing number of Ombudsman requests received, with 41 received in month, which is currently the highest in 12 months. The reason for this is currently being explored.
- Regarding Learning from Events reports, areas with high averages include Pressures Ulcers and Patient Safety incidents.
- There is a large level of risk due to the number of patients 100% overdue follow up. At the end of December 2025, 121,000 were 100% overdue follow up.

In discussing the item, the Committee:

- Discussed the “Never Event” cover referenced in the report.
- Noted that whilst the number of Ombudsman requests was at a peak, that 29 out of 41 were not upheld and taken forward. It was added that the Ombudsman has recently adopted a new hybrid way of working, which impacts on what is classed as a contact. This is thought to be a contributor to the higher figures; it was agreed for this to be monitored through the Committee.
- Acknowledged that whilst there are some high averaged for some areas within Learning from Event reports, in regards to some areas, harm is reduced. The Committee were assured that this is being monitored and tracked to attempt to prevent escalation.
- Noted regarding patient safety incidents that it was positive to see that incidents were being reported, and that severity of incidents was low. An increase in severe or catastrophic events has not been noted, and BCUHB is benchmarked similarly with other Welsh Health Boards.

- Noted challenges regarding planned care, and discussed the use of Patient Initiated Follow Up (PIFU), validation methods and potential impact on general practice. It was clarified that assurance is also received at PFIG Committee regarding Planned Care. Work is ongoing to determine potential risk or patient harm due to waiting times, as well as the best use of resources to determine this.
- Agreed for an update on the 100% overdue follow up waiting list to be included in the next report.
- Noted that the percentage of patients offered index colonoscopy was significantly below target. This is a national capacity issue, experienced across Wales. It was agreed for further work to understand trends to take place regarding screening services, and for an update to be given at a future meeting.
- Reviewed the coding errors data from the report, and were advised of a previous backlog. This backlog is currently being addressed, and a reduction in errors is expected. It was requested that this information be reviewed to provide assurance on accuracy.
- Reviewed the information regarding diabetes within the report, and were advised on ongoing work with primary care colleagues to improve knowledge and support. It was agreed for diabetes to be included as a topic at the next Committee development session.
- Requested that future updates include a presentation on the eight components comprising planned care.
- Were advised of the updated version of the performance report being drafted, the version being utilised in the new financial year.

The following actions were agreed:

- **Action QS26.08.01:** Update required regarding number of 100% overdue follow up appointments. Discussion between The Director of Performance and Director of Nursing & Midwifery to agree format outside of meeting.
- **Action QS26.08.02:** Update on screening services to be given at a future meeting.
- **Action QS26.08.03:** Update to be requested from Kathryn Lang for assurance of accuracy of coding data.
- **Action QS26.08.04:** Diabetes to be added as topic for the development session.

It was resolved that the Committee:

- **NOTED** the current position.

[Nesta Collingridge and Jody Evans joined the meeting].

QS26.09 Board Assurance Framework (BAF)

The Head of Risk Management presented the item. Highlights included:

- The update presented is from October – November 2025.
- A deep dive has recently been undertaken by the Risk Scrutiny Groups. Feedback from the groups has included the need to look at Out of Area placements to provide assurance.
- A number of risks were reviewed and updates provided, as well as resulting actions.
- Following the recent meeting of Planning, Population Health & Partnership Committee (PPHP), next steps were agreed in regards to the BAF, which will ensure

more assurance is received by the Committees on previously limited assurance areas.

- The BAF will be moving to a portal system, which is expected to aid workflow and sign off, and will be realigned once the IMTP is updated.

In discussing the item, the Committee:

- Were advised that it is expected the BAF will be aligned with the IMTP by the end of March 2026.
- Were advised regarding the item on Learning Repository Development, that this risk was closed in December 2025.
- Were advised of updates against outstanding items, and assured that the risks were being reviewed and managed. 2 out of 6 were still outstanding, with further actions required to allow progression to the next stage. The Executive Director of Nursing & Midwifery and the Chief Operating Officer have met to review how this is managed and delivered operationally.
- A number of elements are being progressed through a link with Mental Health and Physical health, with ongoing work with Primary Care.

It was resolved that the Committee:

- **NOTED** the current position.

[Nesta Collingridge, Jody Evans and Ed Williams left the meeting, and Paolo Tardivel joined the meeting].

IMPROVING QUALITY, OUTCOMES & EXPERIENCE

QS26.10 Challenged Services Update

The Executive Director of Transformation & Strategic Planning presented the item. The following points were highlighted:

- A number of services are in urgent need of support. This links with work regarding Foundations for the Future and IMTP.
- It was clarified that “Challenged Services” in this context refers to a specific group of services identified by Welsh Government, and does not include all services classed as challenged.
- There is ongoing work to evolve the report further, with the aim of clearer actions and ongoing work.
- Updates were given in regards to each challenged service:
 - Oncology: The service is on track with a number of actions, with three consultant positions being advertised. There has been a “blanket” no change to escalation level for BCU, but there is still scope to see where particular areas could be de-escalated.
 - Orthopaedics: a reduction is noted in regards to follow up appointments, due to ongoing See on Symptoms (SOS) work. Some improvement in re-engagement numbers is also noted. There is a focus to ensure consistency of the roll out across all three IHCs. Positive feedback has been received from patients regarding the introduction of the “My Mobility” app.
 - Orthodontics: A Get It Right First Time (GIRFT) report has been shared, with the need to provide assurance that the included recommendations are embedded

within service. There is a national problem relating to Orthodontics. There will be a focus on this service in next year's IMTP.

- Ophthalmology: the rollout of the One-Stop Pre-Operative Assessment Clinic (POAC) is ongoing with support. All IHC's are in different positions, but all moving in the same direction. Work is paused in the West temporarily, but due to restart in January, with a plan in place to catch up. Capacity and demand analysis has taken place to identify capacity in community and Primary Care to reduce demand within secondary care. This has been successful in reducing some demand.
- Urology: work is ongoing to recommission vasectomy service and use of outsourcing.
- Oncology: ongoing discussions are taking place regarding the emergency rotas and combining to one across BCU, rather than three separate rotas per IHC. It is expected that combining will also be more cost effective. A solution is required over the next 4-6 months.
- Dermatology: workforce issues being experienced with difficulties in recruiting to certain clinical roles. Alternatives are being explored operationally, as well as the service model being reviewed.
- Vascular: moving forward following a recent HIW review, with next steps identified.
- Plastics: the speciality has been put forward for de-escalation from challenged services. Progress is being maintained, with further reduction of waiting list figures seen.

In discussing the item, the Committee:

- Clarified that the challenged services were defined by the Welsh Government when BCUHB was placed in special measures. There is awareness that there are other services within BCU that require improvement that do not come under this category, which are referred to as Other Areas of Concern. It was highlighted that there is a need to provide assurance on these other areas that are not monitored by Welsh Government.
- The Challenged Services Oversight Group met for the first time in November 2025; it looks at Challenged Services, as well as Other Areas of Concern.
- Referenced the need to utilise risk registers, as well as other systems such as QMS, to flag areas of risk. It was suggested to include this topic in an upcoming Committee Development session for further discussion.
- Clarified that a number of the specialities within the challenged services category have difficulties experienced nationally (e.g., orthodontics and ophthalmology). Whereas others experience difficulty locally due to geographical restriction, e.g. plastics.
- Were advised that risk registers and the corporate risk register should feed into clinical services plan approach, with the aim of bridging the gap between the eight challenged services areas, and other areas of concern.

The following action was agreed:

- **Action QS26.10.1:** Utilisation of risk registers and risk flagging to be an item for an upcoming development session

It was resolved that the Committee:

- **NOTED** the report.

[Paolo Tardivel left the meeting].

QS26.11 Women's Services

The Executive Director of Nursing & Midwifery updated on behalf of the Chief Operating Officer. Highlights included:

- The Womens Hub is expected to be fully operational by the end of March 2026, with the project currently on track to open. A visit from the First Minister is scheduled for 12 February. Some delays to the project have been experienced due to funding issues.
- Workforce planning and education leadership with regards to the perinatal workforce plan is underway.
- Work is ongoing in developing a Quality Surveillance dashboard, with Key Performance Indicators (KPIs) identified. The first version is due to go live in January 2026, with work currently on track.
- Some risk is experienced due to financial constraints. This is a common issue across the Health Board currently.

In discussing the item, the Committee:

- Reviewed the impact an electronic health record would have on risk levels experienced, and whether this would reduce risk. National discussion is ongoing, with options being explored, including potential to build on a widely used GP system to enable communication across settings.
- Referenced the importance of noting health inequalities experienced across genders.
- Clarified that the current work focuses on aligning Womens Health Services. Service provision has been mapped across the Health Board, with Primary and Community Care looking to be aligned through Foundations for the Future.
- Agreed for an update on Maternity and Neonatal Services to be received at a future meeting. The Committee were advised that information has been shared with those working on the National Review, which is due to report to the Cabinet Secretary soon. Following receipt of this, and update will come to the Committee.

The following action was agreed:

- **Action QS26.11.1:** an update on Maternity and Neonatal services to be received at a future meeting.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

QS26.12 Corporate Governance Report

It was resolved that the Committee:

- **NOTED** the report and appendixes.

QS26.13 Llais Summary Report

It was resolved that the Committee:

- **NOTED** the report.

QS26.14 Quality Delivery Chairs Report

It was resolved that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

QS26.15 Agree Items for Chairs Report

The Committee wish to Alert members of the Board that:

1. The Challenged Services update was received and felt confident that these areas were now clearly understood. Processes are now developing for capturing services of concern.

The Committee wish to Assure members of the Board that:

1. A paper was received on Quality of Care in Emergency Pathways receiving a summary of Rapid Quality Review and subsequent actions. It was agreed that this would return to Committee after the next meeting.
2. With regards to the Integrated Quality Performance Report in an update to the paper, there were no National Reportable Incidents at the time of the meeting.

The Committee wish to Advise members of the Board that:

1. Carers Story – the experience of an un-paid carer who received support from Carers Outreach was shared. It was recommended that the National Carers Report should be reviewed by PPHP.
2. Integrated Performance Report – further work on Escalated Performance Measures around Access and Activity will be reviewed to ensure that the Committee is receiving the correct information, noting that this would be reviewed as part of the new Performance Reporting.
3. An update on progress was made against Women's Services. Priorities for 2025/26 were received.

It was recommended that the National Carers Report should be reviewed by Planning, Population Health & Partnership Committee.

[Pam Wenger left the meeting].

QS26.16 Review of Meeting Effectiveness

The Committee:

- Reflected that the meeting ran well with full discussion, and assurance given in a number of areas of concern, with positive aspects as shown within reports.

- Advised that further work is needed in regards to action following performance aspects.
- Requested a development session be scheduled in the next quarter.

QS26.17 Date of next meeting

5 March 2026

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'