Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety & Experience Committee
held in Public on 2 July 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
Dr Clara Day	Executive Medical Director
Glesni Driver	Head of Statutory Compliance & Inquiries (via teams)
Matt Joyes	Deputy Director of Legal Services
Stuart Keen	Director of Environment & Estates (via teams)
Joanne Kendrick	Head of Quality
Mike Larvin	Independent Member (via teams)
Chris Lothian-Field	Independent Member
Chris Lynes	Deputy Executive Director of Nursing & Midwifery
Phylis Makarunje	Aspiring Board Member
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences
Geoff Ryall-Harvey	Llais
Paolo Tardivel	Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS

QS26.88 Welcome and Apologies

Apologies were received from Dyfed Edwards, Urtha Felda, Lois Lloyd, Ed Williams and Angela Wood.

QS26.89 Declarations of Interest

Mike Larvin declared a potential interest regarding the sentinel stroke audit referenced within the Integrated Quality report item.

QS26.90 Unconfirmed Minutes of the Meeting held on 7 May 2026

Members reviewed the minutes from the previous meeting. No amendments were noted.

It was resolved that the Committee:

- **APPROVED** the minutes of the previous meeting on 7 May 2026.

QS26.91 Matters Arising & Action Log

Members reviewed the action log, noting progress against the actions.

It was resolved, that the Committee:

- **AGREED** to close the items proposed for closure.

[Chris Lothian-Field, Phylis Makarunje and Tehmeena Ajmal joined the meeting].

QS26.92 Patient Story

The Committee received the patient story item focused on Emergency Departments.

In discussing the item, the Committee:

- Noted the crucial role the chaplaincy service provides to patients and their families.
- Noted the importance of this service being available in Welsh, emphasising the importance of this in regards to patient experience.
- Noted that the lead Chaplin for BCU is based at Ysbyty Gwynedd, but can cover the region due to a number of vacancies in the service.

It was resolved that the Committee:

- **NOTED** the update.

GOVERNANCE, RISK & ASSURANCE

QS26.93 Integrated Quality Report

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

- There are over 5,000 open patient safety incidents, with concerns that 60% of these are overdue (over 30 days old). Targeted work is in place with each IHC to review and develop targeted metrics. It is noted that some of these incidents are historical and relate to the old Datix system and require closure.
- Performance against National Reportable Incident (NRI) targets is positive, with no NRIs open over 12 months for BCUHB. Some work is needed to identify trends.
- An increase in Never Events is noted, with two events noted within the reporting month.
- A new ruling by the Supreme Court has been passed regarding application of Deprivation of Liberty Safeguards (DoLS). Guidance has not yet been received, however safeguards are to be put in place locally to ensure compliance as an organisation. A summary was received at Executive Committee earlier in the week outlining the Health Board's interim approach, which will be shared with members for awareness.
- The newly implemented Listening to People Framework (LTP Framework) has been embraced well, with performance against the compliance metrics for early resolution well above target. A small number of historic cases, under the previous Putting Things Right framework, remain open, totalling approx. 20 cases. These relate to more complex cases, with aim for closure by the end of the second quarter.

- Wrexham Maelor Hospital has been identified as a borderline outlier as part of a sentinel stroke audit regarding mixed adjusted mortality cases. A piece of work is underway associated with this, along with the national audit team to review data. It was advised that the stroke service has now been combined regionally.
- A visit from Healthcare Inspectorate Wales (HIW) was conducted in Ysbyty Glan Clwyd (YGC) Emergency Department in May 2026. The formal report is expected Mid-August – September, but an immediate response was received regarding concerns, and the service escalated to requiring Significant Improvement. Whilst the formal report is outstanding, further discussion on this item will be covered within the private part of the Committee's meeting.

In discussing the item, the Committee:

- Reviewed information regarding patient safety incidents, noting required improvements relating to historical challenges, limited operational capacity and governance. A reduction in the backlog is expected from this work.
- Noted no visible pattern between incident service or location regarding Never Events. A theme in incidents involving retention of foreign objects has been seen. The Executive Medical Director has written to all departments reminding of protocol, and the auditing process is under review. Whilst a slight spike in incidents has been seen, it was clarified that these numbers are small in relation to the number of procedures undertaken per day in BCUHB. It was agreed to add data regarding the number of procedures undertaken for the period relating to the incident period to provide context.
- Highlighted the importance of a safety culture, ensuring that people feel confident to challenge and report incidents.
- Noted successful implementation of the Listening To People (LTP) Framework within the Health Board, however acknowledged that communication with Llais has not been as effective. Members of the Committee plan to visit the People's Enquiry and Resolution Service (PEARS) during the autumn.
- Emphasised the need for a clear governance process, ensuring an operational governance framework is in place across the organisation to minimise duplication. This links with the Foundations for the Future programme. A paper is due to go to Audit Committee regarding this in August 2026.
- Were advised that no further Prevention of Future Death reports (PFD) or Coroner Assurance reports have been received since the report for this meeting was published.

The following action was agreed:

- **Action QS26.93.1**: summary received at Executive Committee regarding application of DoLS to be shared with members for awareness.
- **Action QS26.93.2**: Data to be added to the report going forward regarding the number of procedures undertaken in total during the reporting period for context.

It was resolved, that the Committee:

- **NOTED** the report.

QS26.94 Integrated Performance Report

Members reviewed the information within the report, noting points were discussed within item QS26.93.

It was noted that there was a lack of consistent timeframes at parts within the report, and the Committee request this be reviewed to ensure consistency in future reports.

The following action was agreed:

- **Action QS26.94.1**: consistent timeframes to be included within future reports.

It was resolved, that the Committee:

- **NOTED** the report.

QS26.95 Clinical Service Plan

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

- Following the Clinical Leadership Event held in May 2026, a number of key themes were identified, including importance of psychological safety and culture, transparent decision-making, collaboration and tackling inequalities.
- The session was well attended by clinical leaders.
- A service fragility assessment is being developed, and the process will align with the quality management system principles.

In discussing the item, the Committee:

- Noted the positive engagement during the event and emphasised the involvement of clinicians from a range of services to enable implementation and sustainability.
- Were advised that the work would require external support regarding capacity to enable effective development and implementation.

It was resolved, that the Committee:

- **NOTED** the report.

[Paolo Tardivel left the meeting].

STRATEGIC ITEMS

QS26.96 Planned Care – Cancer Services

The item was presented by the Chief Operating Officer, which focused primarily on Cancer Services. The following points were highlighted:

- Cancer is the leading cause of premature death in North Wales, with rates linked to aging and deprivation.
- Improvement in survival rates is linked to availability of treatments and medication.
- It is important to consider how monies are invested in medicines management given the increasing drugs cost associated with increasing survival rates.
- Cancer services waiting times are currently 54%, which is under both the standard target (70%) and de-escalation target (55% sustained for 4 months).

- Issues remain largely in endoscopy and biopsy, where demand exceeds capacity. A capacity and demand exercise is taking place to unpick. Instances of insourcing and outsourcing are in place, which have a large funding implication.
- Each IHC is still operating under a different model, and there is currently no specific psychological support available in the West Area.

In discussing the item, the Committee:

- Emphasised the need to combine with the Community by Design programme to ensure ongoing services and support for those living with cancer.
- Reference the need of ensuring health inequalities are considered.
- Noted the cancer diagnosis rate, and advised that NICE guidance would estimate a referral to positive diagnosis rate of around 5%.
- Requested inclusion in future papers of further detail on rates regarding different tumour sites, patterns relating to age and geography.
- Noted the assurance provided through the paper, whilst recognising areas needing improvement such as timeliness.

The following action was agreed:

- **Action QS26.96.1**: future reports to include further detail on rates regarding different tumour sites and patterns relating to age and geography.

It was resolved, that the Committee:

- **NOTED** the report.

QS26.97 Urgent & Emergency Care (UEC)

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

- There are ongoing concerns on how quality and safety is maintained within UEC.
- There are increasing pressures around reducing ambulance handover delays due to a programme handover scheduled for delivery from September. This will enable ambulance crews to leave a patient in ED if needing to respond and support another patient via ambulance. A Quality Impact Assessment (QIA) is required to review associated risk. Whilst expected to improve ambulance handover delays, this will increase pressure and likelihood of instances of corridor care.
- Some positive areas of work are noted around manging pressure and demand, but these are not yet sustained for prolonged periods. Specific site plans are required to be in place.
- A business case regarding Urgent & Emergency Care was approved through the Board at the end of June 2026. Further work is needed in acute medicine and wider site support.

In discussing the item, the Committee:

- Were advised that following a quality review undertaken in November 2025, fortnightly meetings are now in place focused on quality of care. A set of quality metrics for care in ED's are being finalised, following work from the group. This will ensure regular oversight on site, which is reviewed monthly.

- Noted recent visits from Independent Members to a number of ED's across the Health Board, which noted increasing volumes of patients. The importance of these visits was highlighted, and how they are valued by committee members and operational teams for visibility and transparency.
- Noted positive feedback regarding patients discharges on pathway three (sect 6.4 on paper) but referenced the need of ensure the most appropriate pathway is chosen for discharge to prevent unnecessary delay. It was advised through discussion that following review, there have been trends noting assessments to understand the appropriate pathway being completed too early, forming an inaccurate picture of the support required on discharge.

[Glesni Driver left the meeting].

- Noted good progress, and requested further detail be included in future for the Committee to give assurance to Board.

It was resolved, that the Committee:

- **NOTED** the report.

IMPROVING QUALITY, OUTCOMES & EXPERIENCE

QS26.98 Maternity & Neonatal Report

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

- The item referenced update on Ministerial expectations from 2025.
- Implementation of the perinatal surveillance dashboard will enable real time monitoring.
- Ongoing workforce shortages are impacting on service delivery.
- It was reflected within the Integrated Medium Term Plan (IMTP), that there is a lack of Key Performance Indicators (KPIs) and timely targets to benchmark services, with operational pressures limiting transformational ability.
- There are some risks regarding financial investment and recruitment. Some benefit has been seen through delivery as a pan BCU service, rather than per IHC.
- A reduction in birth rates has been seen, whilst rate of caesarean section has increased. The recent Ockenden report was referenced (and had been discussed in the private section of the last meeting), and how this is being considered and learning taken and embedded within services.
- It was agreed that future maternity reports will include 12-month rolling data where appropriate.

The following action was agreed:

- **Action QS26.98.1**: Future maternity reports to include 12-month rolling data where appropriate.

It was resolved, that the Committee:

- **NOTED** the report.

[Tehmeena Ajmal left the meeting].

QS26.99 Nursing Staffing Paper

This item was deferred to the next meeting. Further amendments and governance are required on the item, as the item was written prior to approval of the urgent & emergency care paper approved by the Board on 25 June 2026.

EFFECTIVE ENVIRONMENT FOR LEARNING & SKILLS DEVELOPMENT

QS26.100 Research, Development & Innovation

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

- A national review has been undertaken by Welsh Government (included as an appendix). Mike Larvin, Independent Member, is assisting with this as lead regarding research through Chairing the group overseeing recommendations. A Terms of Reference for the group is being developed.

In discussing the item, the Committee:

- Confirmed that a single tender waiver is being developed regarding this.
- Advised that a review is being undertaken by Internal Audit. Following this, an external review will be completed including recommendation to ensure cohesion. This is due to be received at Audit Committee in August 2026 once undertaken.
- Agreed for the topic to be included on the Cycle of Business (COB) going forward to ensure appropriate governance and visibility.
- Members were informed that colleagues associated with Bangor University's Centre for Mental Health and Society had received media enquiries following the completion of the review of the Centre's funding arrangements. The University confirmed that appropriate support was made available to staff and reminded colleagues that all media enquiries should be directed through the Communications Team in line with established procedures.

The following actions were agreed:

- **Action QS26.100.1**: Ensure research, development & innovation is included on the Committee COB.

It was resolved, that the Committee:

- **NOTED** the report.

GOVERNANCE, RISK & ASSURANCE

QS26.101 Corporate Risk Register

The item was presented by the Director of Corporate Governance. The following key points were highlighted:

- CRR25.01 has been referenced through several papers during today's meeting.
- CRR25.08: groups are being established reporting directly to the executive to address. Changes and improvement are expected during the next reporting period.

In discussing the item, the Committee:

- Suggested further clarity regarding the distinction between risks and operational issues, ensuring appropriateness for the risk register.
- Suggested consideration of separating planned care and urgent care components.

It was resolved, that the Committee:

- **NOTED** the report.

QS26.102 Corporate Governance Report

The Head of Corporate Governance updated regarding the item. The following points were highlighted:

- Items considered within the private section of the Committee now include rationale and resolution for clarity.
- The draft Cycle of Business circulated included comments and amendments when reviewed by the membership earlier in the year. This is to be sighted prior to submission to Board in July.
- The annual self-assessment will be shared with Committee members in the coming weeks for completion.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

QS26.103 Mental Health Oversight Delivery Group (previously noted as Operational Delivery Group)

Correction to the title of the agenda item was advised, clarifying the correct name of "Mental Health Oversight and Delivery Group".

In discussing the item, the Committee:

- noted disappointed in the quoracy, emphasising the importance of attendance at the meeting.
- requested an update regarding the new Mental Health Quality Statement be brought to Committee in Autumn 2026.

The following action was agreed:

- **Action QS26.103.1**: an update regarding implementation of the new Mental Health Quality Statement be brought to Committee in Autumn 2026.

It was resolved that the Committee:

- **NOTED** the report.

QS26.104 MHLD Advocacy Annual Report

In discussing the item, the Committee:

- Advised that the report would also be considered by the Mental Health Legislation Committee in August 2026 for awareness.

It was resolved that the Committee:

- **NOTED** the report.

QS26.105 Quality Governance Report – Audit Wales

In discussing the item, the Committee:

- Were advised the report provided follow up to a previous review in 2022, looking at the recommendations and quality governance report. Interviews were conducted with individuals during 2025 as part of the follow up review.
- Several recommendations from 2022 are now shown as complete. One specific recommendation required immediate resolution, which has now been resolved. This concerned reporting on NRI.
- Reference the importance of use of consistent reporting periods for data sets.
- It was clarified that this is an All-Wales piece of work, not specific to BCUHB. It was agreed for an update to be received at Committee bi-annually, to highlight progress and update on outputs. It was also agreed for an update regarding quality of commissioned work to be received at the next Committee meeting.

The following actions were agreed:

- **Action QS26.105.1**: An update regarding the Quality Governance Report (Audit Wales) to be received bi-annually at committee.
- **Action QS26.105.2**: an update regarding quality of commissioned work to be received at the next Committee meeting.

It was resolved that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

QS26.106 Agree Items for Referral to Board / Other Committees

The QSE Committee wish to Alert members of the Board that:

1. Regarding the new NHS Concerns, Complaints and Redress Arrangements. Listening to People has now been implemented, the Health Board worked closely with NHS P&I on the transition, some documents and training were delayed but the HB was prepared for the implementation and transition from putting things right. Llais noted that communication with their organisation was not as effective. Members of the Committee will visit the People's Enquiry and Resolution Service (PEARS) during the Autumn.
2. There is an understandable and significant pressure to improve ambulance handover delays to a level of zero 45 min breaches by the autumn. This will reduce community risk for patients awaiting an ambulance. This must however be balanced by ensuring that this doesn't result in increased risk in overcrowded departments. A local Quality Impact Assessment will be performed alongside continued work to reduce occupancy within the Emergency Departments.
3. The Committee noted the importance of ensuring appropriate implementation of the recent Supreme Court judgement on Deprivation of Liberty Safeguards (DoLS),

including staff training, communication with patients and families, and ongoing monitoring of any implications for safeguarding arrangements.
4. HHIW has designated YGC ED as a Service Requiring Significant Improvement, with BCUHB required to act on several immediate actions. A plan is in place to deliver against these actions, with Health Board wide learning being developed. The full report is not due until late summer.

The QSE Committee wish to Assure members of the Board that:

1. The Committee received assurance that patient experience feedback remains overwhelmingly positive once patients access services, demonstrating the continued commitment of staff to delivering compassionate, person-centred care, even during periods of significant operational pressure. This patient experience is lower in Emergency Departments than for other services but with the majority of patients describing their experience of care as positive.
2. The Committee noted positive examples of holistic care and support, including the contribution of chaplaincy services, Welsh language provision and personalised care approaches which can have a significant impact on patient and family experience.
3. The Committee received assurance that work is underway to simplify governance arrangements across the organisation, focusing on effective and streamlined assurance processes that support operational delivery.
4. Cancer treatment performance in national audits is strong, particularly in relation to outcomes survival and adherence to clinical guidance. Focussed improvements programmes to specific diagnostic and treatment pathways are noted.
5. There was good assurance from the Improving Quality, Outputs and Experience Maternity and Neonatal report, noting maternal and neonatal outcomes. This report will be reviewed in QSE every 4 months. Learning is being collated from Welsh and English reports, including English National Maternity and Neonatal Investigation and review and the Ockenden review in maternity services at Nottingham University Hospitals NHS Trust.
6. The Committee received the Mental Health and Learning Disabilities Advocacy Annual Report and was assured that advocacy services continue to support the rights, voice and involvement of service users in decisions relating to their care and treatment.

The QSE Committee wish to Advise members of the Board that:

1. That future safety reporting should continue to provide appropriate context alongside incident and never event data, including evidence of learning, trends and improvement actions, whilst maintaining a balanced view that reflects strengths as well as areas requiring improvement.
2. Emphasised the importance of maintaining a positive safety culture that supports open reporting, learning and continuous improvement across services.
3. The Urgent and Emergency Care Programme update was received, noting that for further iterations enhanced detail will be required for the Committee to be assured as the emerging picture evolves.
4. Received an update on Research, Development and Innovation, noting that there would be an external review relating to provision of national standards. This will

include some aspects relating to the Centre for Mental Health and Society as raised by Internal Audit.

5. Received the Quality Governance Report from Audit Wales and agreed that an update will be received in six months' time.

It was noted that the further details may be required prior to receipt at Board regarding the Cancer Services update including further details on quality elements.

QS26.107 Review of Meeting Effectiveness

The Committee:

- Noted the meeting covered a range of topics with relevant, meaningful discussion and detailed papers with insightful questions for assurance.

QS26.108 Date of next meeting

3 September 2026

QS26.109 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'