

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety & Experience Committee
held in Public on 5 March 2026
held in the Boardroom, Carlton Court, St Asaph and via Microsoft Teams

In Attendance	
Name	Title
Caroline Turner	Chair
Dr Clara Day	Executive Medical Director
Jody Evans	Assistant Head of Risk Management
Debbie Eytayo	Executive Director of Workforce & Organisational Development (via teams)
Urtha Felda	Independent Member
Sean Gallagher	Interim Head of Nursing RSS LD /SMS (part meeting)
Dr Faye Graver	Interim Deputy Medical Director MHL D (part meeting)
Matthew Joyes	Deputy Director of Legal Services
Stuart Keen	Executive Director of Environment & Estates (via teams)
Mike Larvin	Independent Member
Liz McKinney	Designated Education Clinical Lead Officer (DECLO)
Jane Moore	Executive Director of Public Health
Jodie Morgan	Clinical Operational Manager MHL D (part meeting)
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences (via teams)
Zoe Prince	Director of Nursing for Adult Mental Health (part meeting)
Geoff Ryall-Harvey	Llais
Pam Wenger	Director of Corporate Governance (via teams)
Angela Wood	Executive Director of Nursing & Midwifery
Observing	
Glesni Driver	Head of Statutory Compliance and Inquiries
Fflur Jones	Audit Wales
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Corporate Governance Officer

PRELIMINARY MATTERS
<p>QS26.27 Welcome and Apologies</p> <p>Apologies were received from Tehmeena Ajmal, Dyfed Edwards, Dave Harris, Chris Lothian-Field, Joanne Kendrick, Carol Shillabeer and Paolo Tardivel.</p>
<p>QS26.28 Declarations of Interest</p> <p>No declaration of interest were received.</p>
<p>QS26.29 Unconfirmed Minutes of the Meeting held on 15 January 2026</p> <p>The following amendment to the minutes was noted:</p>

- missing “he” on third bullet point under QS26.05 Patient Story.

It was agreed that subject to the amendments, the minutes of the meeting held on **15 January 2026** were a true and accurate record.

QS26.30 Matters Arising & Action Log

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

- Action QS25/11.1: this action is awaiting update from the Chief Operating Officer.
- Action QS24/121.1: this action is awaiting update from the Chief Operating Officer.
- Action QS26.5.1: the report has not yet been received.
- Action QS26.8.2: work on the updated report is ongoing. Owner of the action to be updated to the Executive Director of Finance & Performance.

It was resolved that the Committee:

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

QS26.31 Patient Story

The Executive Director of Nursing & Midwifery presented the item, which focused on the All-Wales Diabetes Prevention Programme. It was advised that the item has also been shared across BCU, as well as from an All-Wales Diabetes perspective.

In discussing the item, the Committee:

- Referenced care coordination and links with social prescribing, and how the programme links with the longer-term prevention offer within Primary Care Services.
- Were advised that training regarding the programme is funded through a national budget, however this budget will decrease over the next 2 years due to implementation as a national pilot. It was advised that GP cluster work is ongoing to continue the support, however once national funding ceases, BCU will need to support GP practices to continue the work.

It was resolved that the Committee:

- **NOTED** the report.

[Jodie Morgan, Faye Graver, Sean Gallagher and Zoe Prince joined the meeting].

QS26.32 Service Presentation

The Committee received the presentation on the Substance Misuse, Harm Reduction, Enhancing Lives and Helpline Services. The following points were highlighted through the presentation:

- The BCUHB SMS is the only remaining NHS treatment provider for SMS in North Wales.
- Referrals to the Substance Misuse Service (SMS) have doubled over the past 10 years, with an average of 1,100 referrals received by the service each quarter, and over 4,000 patients open to the service currently.

- The service notes a low number of staff vacancies, with emphasis on skill mix thought to lead to good retention rates. The vacancies that are listed are on the whole new vacancies as they are related to a new service being taken on.

[Teresa Owen left the meeting].

In discussing the item, the Committee:

- Queried the rate of unexpected deaths and how this is reported, referencing a previous query raised through the Expert Advisory Group (EAG). It was clarified that BCU is the only Health Board that includes substance misuse related deaths in the Mental Health deaths figure; other Health Boards do not as SMS services are provided separately from NHS MH services.
- Noted that within the National Dataset (currently available up until the end of 2024), BCU had lower rates of drug related deaths compared to other Welsh Health Boards. It was also clarified that as advised through HM Coroner, any death that occurs, where the individual is using drugs or alcohol is considered an unexpected death, and so is included in this figure.
- Agreed for a further briefing on unexpected deaths to be presented at a future meeting.
- Acknowledged the number of deaths, and potential impact of staff within the teams. It was advised that the team are well supported, with a MDT focus and occupational health support as required, with a strong emphasis on psychology.
- Noted the shift in referral reason. Approximately 10 years ago, the majority of referrals related to opiate use, whereas currently the two main reasons for referral are regarding alcohol and ketamine.
- Emphasised the need to ensure best use of spaces and appropriate location of services.
- Thanked the team for their ongoing work, support and clarity given.

The following actions were agreed:

- **Action QS26.32.1:** a further briefing on unexpected deaths data to be presented at a future meeting.

[Jodie Morgan, Faye Graver, Sean Gallagher, Zoe Prince left the meeting].

It was resolved that the Committee:

- **NOTED** the update.

GOVERNANCE, RISK & ASSURANCE

QS26.33 Integrated Quality Report

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

- A recent wrong site surgery, in ED (Emergency Department) triggered a review of non-theatre procedures. Work is underway to strengthen governance, led by the Executive Medical Director.

- Recovery plans are in place regarding Infection Control, ensuring appropriate implementation of the new cleaning standards. This may require additional investment to implement.
- A prevention of future deaths (regulation 28) notice was received regarding Endoscopy and Gastroenterology. The Executive Medical Director is supporting the quality review, with actions underway.
- An increase in complaints is noted, many linked to insourcing pathways.
- Work is underway to reconfigure the PALS and complaints service to meet new national timescales through the new “Listening to People” framework. This will be explored further at the upcoming QSE development session.
- A report will come to the next meeting regarding mortality. It was agreed for this to be linked with action QS26.32.1 requested in the previous item.

[Teresa Owen rejoined the meeting].

In discussing the item, the Committee:

- Noted the “go live date” of 1 April 2026 for the Listening to People Framework, and noted requested delay to this start date from Llais.
- Noted additional demand that will be created through changes to the redress process.
- Queried the ongoing issue highlighted through national audit data regarding oxygen cylinders. The Executive Director of Nursing & Midwifery advised that this is a national issue and a piece of work is being coordinated by the Welsh Government to ensure consistent reporting.

The following actions were agreed:

- **Action QS26.33.1:** A report to come to the next Committee meeting regarding mortality with appropriate time allocated for discussion.

It was resolved that the Committee:

- **NOTED** the current position.

QS26.34 Integrated Performance Report

The report was presented by the Executive Director of Nursing & Midwifery. The following points were highlighted:

- No further escalations to note in addition to those highlighted in the previous item report (QS26.33).

In discussing the item, the Committee:

- Noted persistent concerns around access and activity, and the risk of harm that sits with those on waiting lists.
- Were advised of ongoing work to assess harm, and the most effective use of time and resource in managing waiting lists and reducing potential harm caused by long waits, and identifying high risk areas. Any incidents that are reported are reviewed by the medical executives.
- Noted the key role of the GP in supporting patients.

- Noted outsourcing of services regarding cataracts and the positive effects of this, as well as the upcoming opening of the Llandudno Orthopaedic Centre and the impact service should have on reducing waits.
- Noted some reduction in prevention and screening, but how further improvement was still required. It was advised that once Action QS25/11.1 and Action QS24/121.1 were complete, further work regarding this can be undertaken.
- Noted large, sustained improvement in clinical coding accuracy, being at 95%, queried the correction of errors figures, and emphasised the need for identifying the reason for errors to enable learning for future.

It was resolved that the Committee:

- **NOTED** the current position.

QS26.35 Corporate Risk Register

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

- There are two main risk areas: Timely Access to Care, and Regulatory Compliance.
 - i) Timely Access to Care: multiple controls are in place, with additional reframing required following a recent deep dive to reduce the risk over the next 3 months. The deep dive also highlighted other areas of potential risk.
 - ii) Regulatory Compliance: work is underway to map accountability and reporting lines across all compliance domains.

In discussing the item, the Committee:

- Queried the impact of Foundations for the Future on managing risk. It was advised that working is underway to map all areas of compliance, along with the relevant lead and compliance area to help reduce risk. A compliance report has been introduced to the Audit Committee to collate these areas.

It was resolved that the Committee:

- **NOTED** the report.

QS26.36 Challenged Services Update

The Executive Medical Director presented the report. The following points were highlighted:

- Plastics and Oncology remain stable and may be ready for de-escalation soon.
- Gastroenterology is recognised as requiring inclusion in fragile services.
- Orthodontics considered to be the most challenging, due to ongoing national issues around staffing and limited resource.
- Insourcing and outsourcing are used in several specialities to reduce waiting lists, however there are issues noted in some areas.

In discussing the item, the Committee:

- Noted good progress being made against a number of challenged services, and that BCU is now in a position to take ownership over these areas following guidance from the Welsh Government.

- Referenced some duplication of reporting to multiple Committees and emphasised that discussion remains relevant to the Committee receiving the update.
- Noted increased fragility within Urgent and Emergency Care, and the associated risk, with concerns escalated regarding ED pressures, delays, and safety risks associated with workforce fragility and reliance on temporary staffing.
- Noted the importance of ensuring the IMTP reflects service fragility and regional plans.

It was resolved that the Committee:

- **NOTED** the report.

[Liz Mckinney joined the meeting].

QS26.37 DECLO ALNET Act - Annual Report

The Item was presented by the DECLO (Designated Education Clinical Lead Officer) regarding the Additional Learning Needs (ALN) Act Annual Report. The following key points were highlighted:

- BCUHB has achieved 95% compliance with statutory duties during this reporting period, covering Sept 24 – Aug 25.
- A legislative review is underway due to ambiguities in ALN interpretation across Wales. DECLO's across Welsh Health Boards are feeding into a national group to ensure consistency. A policy statement is expected from the Welsh Government.

[Stuart Keen joined the meeting].

- National KPIs are due to be implemented in 2026/27. Data areas that will feed into this are already captured through monitoring.
- There are challenges around funding, with the team supporting the compliance being funded through temporary monies. This has created difficulty with retention due to fixed term positions.

In discussing the item, the Committee:

- Noted the need for improved cross-sector alignment.
- Noted the requirement for legislative review of the Act, and it was advised that with changes approximately 20% of cases are no longer within remit, creating a large patient impact. It was hoped this would be kept under review following the legislative review.
- Noted feedback received from Welsh Government, but supported the welcomed request of a thematic report to pull together key themes.

It was resolved that the Committee:

- **NOTED** the report.

[Liz McKinney left the meeting].

IMPLEMENTING THE QUALITY MANAGEMENT SYSTEM (QMS)

QS26.38 Learning Repository

The report was presented by the Executive Director of Nursing & Midwifery. The following points were highlighted:

- The learning repository was identified as a requirement approx. 2 years ago, with the aim of a mechanism of sharing learning across the organisation consistently and reliably.
- A pilot is currently underway in Pharmacy which is nearing completion. Organisational roll out is planned from April 2026
- The system will be open for use by all staff, with a dashboard and search function, which will include anonymised information, using data from incidents, complaints, audits, greatix and patient/staff feedback.

In discussing the item, the Committee:

- Supported the implementation, noting the importance of sharing learning across the organisation.
- Requested a demonstration of the learning repository in a future development session following full organisational roll out.
- Highlighted the need for ensuring ease of access to all staff, noting that depending on their role, not all staff will have regular access to an electronic system, so to look at ways of disseminating to offline/ward-based roles.
- Were advised that work is ongoing to explore ability of information being pulled from different sources electronically rather than relying on individual input to ensure accuracy and regular inputs.
- Suggested update be received through Audit Committee on the item whilst in implementation stage for assurance.

The following actions were agreed:

- **Action QS26.38.1:** A demonstration of the learning repository to be given in a future development session.
- **Action QS26.38.2:** Update to be received at Audit Committee on implementation of the Learning Repository for assurance.

It was resolved that the Committee:

- **NOTED** the update.

IMPROVING QUALITY, OUTCOMES & EXPERIENCE

QS26.39 Adult Mental Health & Learning Disabilities

[Zoe Prince re-joined the meeting].

The item was presented by the Director of Nursing for Adult Mental Health. The following points were highlighted:

- Performance against the Mental Health Measure is strong. It was advised that due to special measure status the target is reduced. It was noted that performance was met for Part 1b during the period, and just under target for Part 1a and Part 2. It was noted however, that there is regional variance in relation to Part 2.
- West Area is an outlier regarding target waiting times, with short-medium term recovery plans and oversight plans in place.

- There is investment of £300K to further increase the crisis model.
- The position regarding Out of Area placements has significantly improved over the past 12 months, with BCU having the strongest position in Wales. Work is ongoing to further reduce these numbers.
- Introduction of the new Electronic Health Record is expected to significantly improve data quality and governance.

In discussing the item, the Committee:

- Noted the workforce remodelling taking place in relation to the crisis model, which is led by the Executive Director of Nursing & Midwifery.
- Were advised that whilst the Care Coordinator role cannot be fulfilled by a psychiatrist, this person can be someone who is already involved in a patient's care; it will not necessarily be an additional individual involved in the patient's care. It was requested for this also to be clarified through a future briefing for information.
- Noted the improvement seen in staffing levels across the division.
- Referenced earlier discussion regarding SMS figures, and noted the paper regarding mortality that will be received at the next meeting. It was requested that part 3 and 4 of the measure are also referenced within a future paper
- Noted the variation of collaborative working across BCU with partner agencies, with further progress required in some areas.
- Requested numerative figures referenced in the paper to also include percentages for future for reports.

The following actions were agreed:

- **Action QS26.39.1:** future briefing to clarifying regarding care coordinator role for inclusion for information at the next committee.
- **Action QS26.39.2:** future paper of MH to contain further information on Part 3 and 4 of MH measure.
- **Action QS26.39.3:** percentages for figures to be included in future reports.

It was resolved that the Committee:

- **NOTED** the report.

[Zoe Prince left the meeting].

EFFECTIVE ENVIRONMENT FOR LEARNING & SKILLS DEVELOPMENT

QS26.40 Medical Education

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

- It was clarified the information received is generated from the GMC survey completed by trainees, which enables the Health Board to judge quality, training and environment. Previously concerns regarding acute medicine in central and west area were received, triggering visit from HEIW.
- Following a visit in West Area in November 2025 metrics were put in place to improve. A further visit is expected in Central area imminently.
- Significant improvement has been seen in East area following previous visits.

In discussing the item, the Committee:

- Welcomed the link between data received and patient safety and experience signals.

It was resolved that the Committee:

- **NOTED** the report.

QS26.41 Research and Development Annual Report

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

- The importance of research and development was highlighted, as well as the impact this area can have on patient care, in how it can enable access to commercial trials that are otherwise inaccessible.
- The Chief Medical Officer (CMO) is interested in this work, with a review of Research and Development (R&D) models taking place.

In discussing the item, the Committee:

- Noted concerns over some risk areas, which reflect service pressures.
- Noted the impact of job planning on R&D.
- Referenced the wider research area, noting work ongoing with both Wrexham University and Bangor University regarding this.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

QS26.42 Corporate Governance Report

It was resolved that the Committee:

- **NOTED** the report.

QS26.43 Llais Monthly Report

In discussing the item, the Committee:

- Noted reference to concerns from patients regarding treatment not received and advised that this specific issue had now been resolved.
- Noted issues raised regarding travel and timescales of waits for PET scan previously. It was advised that regarding this specific issue, an update was received by the Audit Committee, referencing new procurement regulations that had resulted in the delay. Lessons learnt have been identified from this, and the issue is now resolved. It was noted the support is given by other hospitals in Wales and West England to enable patients to be seen as close to home as possible in the circumstances.

It was resolved that the Committee:

- **NOTED** the report.



CLOSING BUSINESS

QS26.44 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the Audit Committee:

- The Learning Repository.

QS26.45 Review of Meeting Effectiveness

It was agreed that the meeting ran well with good discussion.

QS26.46 Date of next meeting

7 May 2026

QS26.47 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'