

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety and Experience Committee
held in Public on 6 November 2025
held via Microsoft Teams

Committee Members Present	
Name	Title
Caroline Turner	Independent Member (Chair)
Urtha Felda	Independent Member
Mike Larvin	Independent Member
Tehmeena Ajmal	Chief Operating Officer (Part Meeting)
Becky Baker	Head Of Operations & Service Delivery (East Area)
Nesta Collingridge	Head of Risk Management
Clara Day	Executive Medical Director
Fflur Jones	Audit Wales
Mandy Jones	Deputy Executive Director of Nursing
Matthew Joyes	Deputy Director for Legal Services
Joanne Kendrick	Head of Quality
Phylis Makurunje	Aspiring Board Member
Phil Meakin	Associate Director of Governance (Part Meeting)
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professions & Health Science
Maeve Puleston-Jones	Audit Wales
Geoff Ryall-Harvey	Llais North Wales
Pam Wenger	Director of Corporate Governance
Ed Williams	Director of Performance
In Attendance	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

1. PRELIMINARY MATTERS
<p>QS25.104 Welcome and Apologies</p> <p>Apologies were received for Carole Evanson, Lois Lloyd, Paolo Tardivel, Dyfed Edwards, Jane Wild, Angela Wood, Chris Lothian-Field, Dave Harries</p> <p>Becky Baker attended on behalf of Carole Evanson, and Mandy Jones attended on behalf of Angela Wood.</p>
<p>QS25.105 Declarations of Interest</p> <p>No declarations of interest were received.</p>
<p>QS25.106 Unconfirmed Minutes of the Meeting held on 4 September 2025</p>

The minutes of the meeting held on 4 September 2025 were reviewed and the following amendments were noted:

- QS25.87: 'AAA Pathway' to be amended to 'Abdominal Aortic Aneurysm open surgery pathway' for clarity.

It was agreed that the minutes of the meeting held on 4 September 2025, subject to the amendments, were a true and accurate record.

The following action was agreed:

- **Action QS25.106.1:** Cycle of business to be reviewed ahead of the next financial year

QS25.107 Matters Arising & Action Log

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

- Action QS25/60.1: agreed to close

It was resolved that the Committee:

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

[Geoff Ryall-Harvey joined the meeting].

QS25.108 Patient Story

The Deputy Executive Director of Nursing presented the report and the following points were highlighted:

- The item highlighted the importance of gaining patient experience, from both positive and negative aspects to provide opportunity for learning and improvement.
- The use of the Civica survey to gain feedback.
- The feedback within the item was shared with the relevant departments for learning and improvement.
- 11 Claims have been received relating to DVT, to the sum of £6.7million, of which £4.7 million related to hospital acquired thrombosis.
- Deep Vein Thrombosis (DVT) Awareness sessions are available for BCU staff, and the implementation of a mandatory training module is being explored.
- Delayed or misdiagnosis was the most featured contributing factor, highlighting the importance of early detection.
- BCUHB is identified as a DVT exemplar, demonstrating excellence in prevention and management of DVT.

During discussion of the item, the Committee:

- Clarified that the Hospital Thrombosis meeting takes forward any learning regarding DVT and this is shared across BCU sites for continued shared practice and learning.
- Discussed the streamlining processes being used in urgent and emergency care.

- Clarified regarding Same Day Emergency Care Departments (SDEC). SDEC is for patients who can be seen and then discharged, and will then return to hospital for further follow up. This is a form of urgent scheduled care and is established on all BCUHB acute hospital sites.
- Acknowledged the link between claims and patient experience, with learning and improvement.

It was resolved that the Committee:

- **NOTED** the report.

2. GOVERNANCE, RISK & ASSURANCE

QS25.109 Corporate Risk Register

The report was presented and the Head of Risk Management highlighted:

- The Corporate Risk Register (CRR) is being reviewed by each committee prior to submission to the Board.
- The risk relating to timely access to safe and effective care has been consolidated from several operational risks as well as emergency and urgent care.

In discussing the item, the committee:

- Advised that the CRR will be submitted to the Board in November, following validation from Internal Audit.
- In the last 12 months, there has been limited reduction seen in risks. This is therefore a priority area for the next year.
- Advised that a piece of work has been commissioned with internal audit focusing on regulatory risk to ensure consistency and robustness. This will be submitted to this Committee and then onto Board when complete.
- Advised of a planned development session scheduled for Board in February 2026 focusing on compliance. Further update will be received at this committee following this session.
- Acknowledged the ongoing work and progress on the item, and success with managing internally as well as with Welsh Government.

[Ed Williams joined the meeting].

- Advised that performance metrics assist in improving quality of quality, as often performance is a quality indicator.
- Advised a Rapid Quality Summit is taking place next week, looking specifically at quality indicators.
- Emphasised the importance of ensuring both quality and performance indicators are reflected with the CRR and Business Assurance Framework (BAF) to manage risk

It was resolved that the Committee:

- Received **ASSURANCE** and **ENDORSED** the report.

[Phyllis Makurunje joined the meeting].

QS25.110 Integrated Quality Report

The Committee received the report and the following points were highlighted:

- Clarified that hip replacements are being addressed by the Executive Medical Director to ensure assurance.
- Reviewed the largest areas of concern, including increased levels of C-Diff in Wrexham Maelor Hospital (WMH), and that this is being addressed by the Infection Prevention Control Team with the site team.
- Advised that NICE Guidance compliance is being reviewed to identify outliers, to ensure escalation to quality governance and this Committee if required.
- Acknowledged the issues regarding delayed receipt of death certificates that has been identified.
- Advised of some highlighted concerns to be address following an unannounced inspection at WMH Emergency Department
- Noted that no Prevention of Future Death (PFD) inquests have been received during the covered period in the report.
- Acknowledged concerns raised regarding CAMHS referral processes, and were advised that changes have been made, and an audit is currently being undertaken to ensure changes are embedded.

In discussing the report, the Committee:

- Acknowledged regarding safeguarding, the Child Practice Review published earlier this week. This will be an item on the next Committee agenda.
- Noted the Civica data regarding waiting times within the report.
- Clarified that the data is currently being reviewed by the analysis team to identify trends for relevant services. An update will be included at the next meeting.

The following actions were agreed:

- **Action QS25.110.1:** Child Practice Review to be discussed at the next Committee meeting.
- **Action QS25.110.2:** Civica data and feedback trends to be discussed at the next Committee meeting.

It was resolved that the Committee:

- **NOTED** the report.

QS25.111 Integrated Performance Report

The Committee received the report, and the Head of Performance highlighted:

- Performance is reported to both the Quality, Safety & Experience (QSE) Committee and the Performance, Finance and Information Governance (PFIG) Committee.
- An important factor in relation to reporting for QSE relates to harm that could result from long wait times.
- IPEDG has been formally de-escalated by clinical coding, and is now removed from the register.

In discussing the item, the Committee:

- Acknowledged that potential correlation between waiting times and risk.

- Emphasised the importance of effective pathway management.
- Queried the measure in relation to coding errors outlined in the report. It was clarified that this is expected to improve with the recent de-escalation.
- Emphasised the importance of close monitoring of Welsh Risk Pool and ensuring any learning needs and opportunities are addressed.
- Acknowledged in regards to Welsh Risk Pool, that there has been significant reduction in the past 12 months of overdue cases, whilst also noting that some improved is still required in regards to forms that are returned. Improvement is expected to be seen in this area.
- Advised that the format of reporting will be reviewed and improved going forward due to recent appointment of the Senior Reporting Officer.

It was resolved that the Committee:

- **NOTED** the report.

[Ed Williams left the meeting].

QS25.112 Nurse Staffing Act

The Committee received the report, and the following points were highlighted:

- The Nurse Staffing Act applies to all medical, surgical and paediatric wards (known as 25b wards).
- The same principles apply to all Health Boards in Wales, and due to the Act, all 25b wards are required to report to the Board. The presented report will be submitted to the Board following review at this Committee.
- An acuity audit is completed biannually, using quality indicators to mandate the Act.

In discussing the item, the Committee:

- Clarified that in the last three years, there has been a £12 million uplift in regards to nurse staffing within BCUHB.
- Requested clarity be provided within the report prior to submission to the Board regarding required budget amendments.

The following actions were agreed:

- **Action QS25.112.1:** Budget arrangements to be clarified within the report prior to submission to Board.

It was resolved that the Committee:

- **RECEIVED** the report.

[Fflur Jones joined the meeting].

QS25.113 Welsh Risk Pool and Legal & Risk Services Annual Review 2024/25

The Committee received the report, and the Deputy Director of Legal Services highlighted:

- Consistent number of concerns received.

- There is an approximate 40% claim success rate, which is similar to previous years.
- The highest number of claims relates to Maternity Services, Emergency Departments & Minor Injuries Departments and Orthopaedics.

In discussing the item, the Committee:

- Noted the increasing costs and financial pressures relating to claims.
- Acknowledged the reduction in Personal Injury claims highlighted in the report.
- Clarified the Redress process that applies only in Wales, and advised of an approximate 100% increase in these types of claims within the past year. It was advised that this increase is thought to be linked to the introduction of Duty of Candour in Wales.
- Noted the EIDO System referenced, and the benefits of this in gaining patient informed consent.
- Advised that an annual assessment is due to take place in regards to the Putting Things Right assurance process. Once conclude, a report will be submitted to this committee to review. This is expected in around six months' time.
- Clarified regarding General Medical Practice Indemnity (GMPI). The Health Board indemnifies GP providers in Wales, and will manage any claims submitted against GP providers.

[Maeve Puleston-Jones left the meeting].

- Clarified that the timescales to address with redress will reduce from 12 months to six months, with the claimant limit increasing from £25K to £50K. Following these changes, there is expected to be an increase in cases.
- Advised that the Committee is notified on any regulatory changes or required actions for assurance.

It was resolved that the Committee:

- **RECIEVED** the report.

QS25.114 Infection Prevention Annual Report

The Committee received the report, and the Executive Director of Public Health highlighted:

- BCUHB are one of the most compliant in relation to Welsh Health Boards, with good progress in a number of areas.
- In relation to Healthcare Acquired Infections, there is evidence of good ability to maintain effective interventions and work to prevent or reduce impact of infection.
- A number of issues have been noted around E.coli and C-diff, as well as increasing levels of norovirus.
- Work is ongoing regarding with Outreach with care homes, which has resulted in significant gains with confidence of care homes managing Infection Prevention Control (IPC) issues, with hope this will reduce infection rates.

In discussing the item, the Committee:

- Requested the inclusion on future reports of data relating to community acquired infections, to utilise and try to reduce transmission.
- Clarified that future reports will attempt to differentiate between Community Acquired Infections and Hospital Acquired Infections.
- Discussed decant space on hospital sites, and advised that a business case is being drafted for a decontamination model at Wrexham Maelor Hospital.
- Advised that National Cleaning Standards are being reviewed following publication, to identify any required actions for BCU which will be addressed.
- Discussed IPC measures in regards to a number of estates, including Wrexham Maelor Hospital and the new Orthopaedic development in Llandudno Hospital.

[Fiona Giraud joined the meeting].

- Reviewed the rates for staff vaccination, and noted that uptake in BCUHB is currently the lowest of all Welsh Health Boards, however progress has been seen against last year's position to date.

It was resolved that the Committee:

- **NOTED** the report.

3. IMPROVING QUALITY, OUTCOMES AND EXPERIENCE

QS25.115 Perinatal (Maternity & Neonatal) Assurance Self – Assessment Briefing

The Committee received the report, and the Director of Midwifery & Women's Services advised of the following in addition to the presentation:

- The Self-Assessment was commissioned by Welsh Government on Maternity and Neonatal Services to provide assurance to the Cabinet Secretary for Wales. The Self-Assessment will focus on forward view incorporating the voice of patients and the workforce, and will provide assurance on six workstreams detailed within the presentation.
- Each Health Board will receive a findings report and a national thematic review with recommendations to consider.

In discussing the item, the Committee:

- Requested for item to be reported to the Board meeting in January 2026 for assurance.
- Noted the importance of input of minority groups.
- Agreed for the Terms of Reference to be shared with the Head of Corporate Governance and the Executive Director of Allied Health Professionals & Health Sciences.
- Advised that Llais North Wales are continuing to support regarding engagement

The following actions were agreed:

- **QS25.115.1:** Terms of Reference to be shared

It was resolved that the Committee:

- **NOTED** the report.

[Tehmeena Ajmal joined the meeting].

QS25.116 Updates of Challenged Services

The Committee received the report, and the Executive Medical Director:

- Advised of a recent visit from the Chief Medical Officer to Ysbyty Glan Clwyd and Oncology, which focused on several areas, including consultant workforce and centralised regional working models.

The following points were also highlighted:

- The importance of clinical leadership with appropriate constraints.
- Ensuring effective use of resources and how these are used to manage waiting lists.

In discussing the item, the committee:

- Found the paper useful with providing a summary of the current position, given better insight and assurance is areas.
- Noted the positive engagement with the workforce and clinical leads, and emphasised the importance of empowering leaders and those within the services, as well as the use of coaching, mentoring and sharing of learning and good practice.
- Supported the pan BCU approach now being adopted through a number of services, which will be embedded through the Foundations of the Future framework.
- Were advised by the Director of Corporate Governance that this area, due to the ongoing work and progress has been de-escalated from the corporate risk register to the operational risk register, and highlighted the importance of ensuring risks are sighted to prevent of limit escalation.
- Noted the improved position within a number of specialities, including plastics and urology, but also noted areas requiring further improvement, such as Orthodontics, but acknowledged that progress was being made.

It was resolved that the Committee:

- received **ASSURANCE** on the report.

[Tehmeena Ajmal and Nesta Collingridge left the meeting].

QS25.117 Proposed Changes to 'Independent Funding Requests' and 'Prior Approval Requests' Policies

The Committee received the update, and the following was highlighted:

- The policies included are pan Wales, and have been received via the Joint Commissioning Committee (JCC).
- The updates within the documents relates to the appendices to ensure consistency across Health Boards in Wales.
- Following approval at committee, the updates will be taken to the Board for ratification for governance.

[Phil Meakin joined the meeting]

In discussing the item, the Committee:

- Clarified that frequency requests are received is dependent upon NICE guidelines.
- Queried a number of potential inaccuracies within the report regarding a number of job roles/titles referenced, and absence of Mental Health representation. It was agreed for this to be fed back to the authors to ensure accuracy.
- Noted a point highlighted from Llais, referencing variance in exceptionality between England and Wales with services that are required as standard.
- Agreed it would be useful to understand numbers in relation to BCUHB's populations. This will be followed up ahead of discussion at board, and clarified outside of the meeting to ensure appropriate governance.

The following actions were agreed:

- **QS25.117.1:** Chair to feedback job role/title inaccuracies referenced and representation within the policy updates to the authors.

It was resolved that the Committee:

- **NOTED** the report and **ENDORSED** the contents, subject to the corrections referenced.

QS25.118 Health Board Response to the Royal College of Psychiatrists Invited Review Services Report

The Committee received the update from the Executive Director of Allied Health Professions & Health Sciences, and the following was highlighted:

- The Expert Advisory Group (EAG) was initiated following request from the Royal College of Psychiatrists
- The Independent Chair of the EAG is concluding the final report currently, which will be submitted to the Board following completion.
- Thanks was given to individuals who had been involved the with EAG work, along with Llais who have also been involved throughout the process.
- There is ongoing work to continue engagement with stakeholders involved to continue to support work.
- As referenced in appendix 1, there are 19 improvement actions outstanding relating to the governance aspects. A number of these actions are due to RIGA or further information being required. Previous monthly meetings, have been increased to fortnight, to review and manage outstanding actions, which are scheduled to end in December 2025.

In discussing the item, the Committee:

- Reflected upon Tawel Fan, and the unacceptable standards of care given previous, and acknowledged the importance of the work completed through the EAG for recognition, learning and improvement going forward.
- Acknowledged the time and resources contributed to the project by all those involved.
- Emphasised the importance of revisiting and assessing the progress of embedded changes. It was clarified that the draft outcome framework referenced within the

report would have this purpose, and emphasised the importance of ensuring the data captured accurately reflects the qualitative experience.

- Were advised that work with stakeholders will be taking place, and the Committee will be updated with further work and progress.
- Highlighted the importance of learning from this process and listening to improve services.
- Suggested writing a case study of the approach and stages of work to capture the work's complexity, and recording what has gone well, as well as the challenges faced

It was resolved that the Committee:

- **NOTED** and received assurance regarding the report.

[Phil Meakin left the meeting].

4. FOR INFORMATION

QS25.119 Corporate Governance Report

The Committee:

- **NOTED** the summary of business considered in private session to be reported in public.
- **NOTED** the forward workplan.

5. CLOSING BUSINESS

QS25.120 Agree Items for Referral to Board / Other Committees

- No actions were to be considered or referred to another Committee.

QS25.121 Review of Meeting Effectiveness

The Committee advised:

- Preference is for the meeting to be held face to face, but aware of exceptional circumstances due to technical difficulties for today's meeting.
- There was good discussion, and it was helpful to have a variety of executives in attendance.

QS25.122 Date of next meeting

15 January 2026

QS25.123 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'