Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety & Experience Committee
held in Public on 3 September 2026
held in the Boardroom, Carlton Court and via Microsoft Teams

Committee Members Present	
Name	**Title**
Dr Caroline Turner	Independent Member, Chair
Urtha Felda	Independent Member
Prof Mike Larvin	Independent Member
In Attendance	
Dr Clara Day	Executive Medical Director
Dyfed Edwards	BCU Chairman (via teams)
Bridget Elliott	Recovery Director - UEC
Alison Griffiths	Director of Nursing
Naomi Holder	Interim Director of Nursing
Matt Joyes	Deputy Director of Legal Services
Joanne Kendrick	Head of Quality
Lois Lloyd	Chief Pharmacist
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences
Geoff Ryall-Harvey	Llais
Olivia Shorrocks	Director of Performance
Pam Wenger	Director of Corporate Governance (via teams)
Rachel Wright	Lead Patient Experience & Carers Service
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS
QS26.120 Welcome and Apologies The Chair welcomed members to the meeting. Apologies were received from Chris Lothian-Field, Chris Lynes and Stuart Keen.
QS26.121 Declarations of Interest No declarations of interest were received.
QS26.122 Unconfirmed Minutes of the Meeting held on 2 July 2026 Members reviewed the minutes. A number of minor phrasing and grammatical corrections were advised. It was resolved, that the Committee:

- **APPROVED** the minutes of the meeting held on 2 July 2026 subject to the minor amendments.

QS26.123 Matters Arising & Action Log

Members reviewed the action log. Updates against the following actions were noted:

- Action QS26.10.1: it was agreed that this action was no longer required, as further information on fragile services had been received since the initial update.
- Action QS26.69.1: it was agreed to close this action, as the topic was covered at a recent board development session.

A number of actions refer to topics for a Committee Development Session, which is due to take place before the end of the calendar year. A date will be shared with members in the coming weeks.

It was resolved, that the Committee:

- **AGREED** to close all actions proposed for closure.

QS26.124 Patient Story Item

The Committee received a patient story focused on Emergency Departments (EDs), highlighting themes of advocacy, communication, patient experience within the Acute Medical Unit (AMU), and the impact on the patient and family.

In discussing the item, the Committee:

- Thanked the patient for sharing their experience and emphasised the importance of ensuring the patient voice is heard, and that learning from events is embedded across the organisation.
- Highlighted the importance of effective communication and discussed the importance advocacy arrangements.
- Referenced challenges associated with paper-based records and the benefits of an electronic health record system in supporting continuity of care and patient advocacy.
- Acknowledged that a number of improvements had been made since the event outlined in the patient story, with further response expected on outstanding queries.
- Noted forthcoming work with NHS Performance & Improvement to support the embedding of learning and continuous improvement.

It was resolved, that the Committee:

- **NOTED** the update.

INTERGRATED PERFORMANCE

QS26.125 Integrated Quality Report

[Danielle Edwards joined the meeting].

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

- Areas of concern remain regarding overcrowding in EDs, fragile services and endoscopy waiting list backlogs.
- Four additional Never Events occurred during the reporting period.
- There have been a number of changes to the electronic prescribing system, with work ongoing, and changes being embedded.
- The Clinical Executive Delivery Group has been established, with the first meeting scheduled for mid-September, with the aim of aiding collaboration, supporting risk management and resolution regarding quality and safety matters.

In discussing the item, the Committee:

- Reflected on the four never events, emphasising the importance of learning from events, ensuring compliance with LocSSIPS (Local Safety Standards for Invasive Procedures) and monitoring associated risks.
- Raised concern regarding the pace of implementation of the Quality Management System (QMS), with emphasis made to ensure strong embedding of quality governance arrangements across the organisation.
- Supported the introduction of the revised risk-based Tier 2 audit programme, and discussed the importance of ensuring audit recommendations are implemented, monitored and reflected in service improvements.
- Raised concerns over findings from the recent HIW inspections at Ysbyty Glan Clwyd Emergency Department. Further discussion took place during the private session.
- Noted increasing volume of incidents and complaints, including overdue incident investigations and emphasised the importance of embedding organisations learning to improve patient experience and outcomes. Members discussed potential factors that may influence complaint levels, such as increased public and media interest.
- Emphasised the importance of staff engagement regarding infection control initiatives.
- Were advised that a deep dive into endoscopy would be provided at the next Committee meeting due to ongoing concerns regarding waiting times and patient backlogs.
- Noted that no new Public Interest Reports had been received during the reporting period.

The following actions were agreed:

- **Action QS26.125.1**: a deep dive on Endoscopy to be undertaken, with update received at the next Committee meeting.

It was resolved, that the Committee:

- **NOTED** the report.

[Bridget Elliott joined the meeting].

QS26.126 Integrated Performance Report

The item was presented by the Director of Performance. The following points were highlighted:

- An improved position has been seen on previous reports, with the report developing through each reporting period. Information on fragile services will be included as the report develops further.
- The number of patients waiting over 2 years has reduced significantly, down by 59% compared to this time last year. However, an increase of 61 patients has been seen since the end of March 2026. BCUHB remains an outlier for Welsh Health Boards.
- A small number of 3-year waits were noted last month, but there is confidence that these will have been removed and actioned this month.
- There has been a recent allocation for Planned Care from the Welsh Government for further improvements. This does not include outsourcing or insourcing work.
- BCUHB has been asked by the Welsh Government to focus on four key targets, detailed within the report and for these to be achieved by the end of September 2026, which is expected to provide some challenge.
- Positive progress has been seen in diagnostics, with use of additional internal working and additional capacity from NHS Trusts in England. Further improvement is still required in endoscopy and ultrasound to reduce waiting times.
- An improved position regarding Cancer Services is noted. Whilst still below target, this is an improvement and above the Special Measures target set by the Welsh Government.

[Teresa Owen left the meeting].

In discussing the item, the Committee:

- Highlighted that maternity and neonatal metrics must remain appropriately aligned with quality reporting arrangements as the performance report develops.
- Agreed for comparative performance metrics with other Health Boards to be shared with Committee members for information and awareness.

The following actions were agreed:

- **Action QS26.126.1**: comparative metrics with other Health Boards to be shared with Committee members for awareness.

It was resolved, that the Committee:

- **NOTED** the position.

STRATEGIC ITEMS

QS26.127 Planned Care

The item was presented by the Programme Manager for Planned Care. The following points were highlighted:

- The report focused on quality aspects of planned care recovery, and the need for sustainable improvements rather than reliance on additional external capacity.
- A Recovery Director for Planned Care is now in post, with a number a speciality led reviews now completed.
- Two submissions for Welsh Government regarding Planned Care were submitted in July 2026 in two phases, with funding now allocated for the first phased focused on reducing waiting times. Work is ongoing to align the recovery plan with the approved submissions and implement the associated actions.

- Work is underway with Digital to development a platform for validation use.
- Referenced validation of follow up pathways, along with the use of See on Symptom (SOS) and Patient Initiated Follow Up (PIFU).

In discussing the item, the Committee:

- Highlighted the impact of additional funding activity, including the impact in delays in diagnostics and follow up appointments where further review is required. Members noted that whilst the use of outsourcing and insourcing can be beneficial, depending on structure, it can generate and impact on internal waits creating further “bottle necks” in the system.
- Welcomed the inclusion of Cancer Services within the report, and discussed the importance of ensuring recovery plans address population inequalities and the needs of vulnerable groups. Members requested for the Audit Wales Cancer Review report to be included at the next Committee for consideration.

The following actions were agreed:

- **Action QS26.127.1**: Audit Wales Cancer Review Report to be included at the next Committee

It was resolved, that the Committee:

- **NOTED** the update.

QS26.128 Urgent & Emergency Care

The item was presented by the Recovery Director for Urgent & Emergency Care. The following points were highlighted:

- Some improvement in performance has been noted, however this has often been sporadic and not sustained for a long time period. It is acknowledged that this is a whole system approach, rather than just improvement required in Emergency Departments. The current position remains challenging.
- Work is ongoing with the Regional Partnership Board, where the Right Place, Right Time dashboard has been shared. This assists in highlighting bottle necks and areas for improvement in collaborative working.

The Executive Medical Director updated further, and highlighted:

- EICOP discussions continue biweekly. The group has created a set of metrics which are key for monitoring care in Emergency Departments.
- Following the HIW visit in May 2026, an action plan was produced, with a follow up visit from HIW undertaken at the end of August. Several areas of improvement were noted from this visit, and this will be reflected in the report published by HIW in September.
- Regarding patient experience, overall satisfaction in ED remains lower than in other service areas. The vast majority of feedback however highlights satisfaction with the care received, but notes dissatisfaction with waiting times.

In discussing the item, the Committee:

- Emphaissed the importance of consistent targets to enable improvement with clear messaging. It was further clarified that the main focuses of reduction in 12 hour waits and reduction in ambulance handover times has been shared with teams.
- Suggested further site visits from Independent Members to EDs across the organisation and the insight this provides.

It was resolved, that the Committee:

- **NOTED** the report.

[Bridget Elliott left the meeting and Paolo Tardivel joined the meeting].

QS26.129 Fragile Services, Clinical Services Plan & QMS

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

- Progress has been made regarding development of the Quality Management System (QMS). Due to changing priorities and leadership responsibilities associated with fragile services and the clinical service plan, it has been proposed to align these with the QMS due to overlap. This will feed into the annual planning cycle moving forward.
- Feedback so far indicates that further work is required to ensure the QMS system is practical and user friendly for services.
- Plastics and Oncology are no longer included within the formal set of “Fragile Services” due to the positive progress seen. The aim of the fragile services framework is to identify weaker areas, to provide support to enable improvement.

In discussing the item, the Committee:

- Noted the summary of fragility indicators included within the report.
- Were advised that work is progressing with Digital and performance to generate the QMS system.
- Welcomed the approach, and highlighted the need to ensure the full system is captured.
- Clarified that endoscopy is scored as red due to waiting list demand and capacity issues. A deep dive in Endoscopy is to be initiated, with an update received at the next Committee meeting.

It was resolved, that the Committee:

- **NOTED** the update.

[Paolo Tardivel left the meeting].

QS26.130 Nurse Staffing Act

The item was presented by the Director of Nursing. The following points were highlighted:

- The report outlined the responsibility of the health board to undertake reviews to gain assurance regarding nurse staffing levels.
- The report highlighted current staffing gaps within nursing. It was noted since the review was undertaken, investment had been secured for further establishment

through the Emergency Department business case approved by the Board in June 2026. Ongoing work continuous to address identified staffing gaps.
- The report noted concerns regarding isolated community hospital wards staffing levels overnight.
- It is expected that the Community by Design programme will impact on staffing models once implemented.

In discussing the item, the Committee:
- Raised concern regarding ongoing workforce shortages within Mental health & Learning Disabilities and Community services, together with recruitment challenges in rural areas. It was discussed whether workforce data could be utilised as an early warning indicator to identify emerging staff pressures across sites.
- Were advised that workforce planning was being considered through the People & Culture Committee.
- Emphasised the importance of care closer to home, noting the increasing correlation between inpatient admission to likelihood of discharge to care home.
- Highlighted the importance of ensuring equity of provision.
- Suggested that the board were alerted to continuing workforce shortfalls for awareness.

It was resolved, that the Committee:
- **NOTED** the report.

QS26.131 Research & Development – Commercial Recovery Plan

The item was presented by the Chief Pharmacist. The following points were highlighted:
- An Annual Review took place with Welsh Government in April 2026. Through this it was identified that improvement was needed regarding research, from which the recovery place was generated. The plan concerns clinical trials specifically.
- Dedicated capacity is required, with funding now available. Bids have been submitted for a number of areas, with BCUHB awaiting the outcome.
- A quarterly report on the recovery plan will be received at the Executive Committee going forward to monitor progress.

In discussing the item, the Committee:
- Noted the positive aspect of the work, and highlighted the importance of long-term sustainability.

It was resolved, that the Committee:
- **NOTED** the report.

[Geoff Ryall-Harvey left the meeting].

GOVERNANCE, RISK & ASSURANCE

QS26.132 Board Assurance Framework

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

- An overall suggested assurance position has been added to the report, and will be included for the update to the Board in September.
- It is noted that several actions fall under remit of the Chief Operating Officer. Any comments regarding these actions will be taken back to Executive Committee in the interim absence of the Chief Operating Officer.

In discussing the item, the Committee:

- Raised concerns regarding limited progress the Quality Management System and implementation noted under an action, noting a number of actions with low delivery confidence. It was clarified that this related to reduced capacity as well as the current vacancy of the Executive Director of Nursing role. This is expected to be temporary.

It was resolved, that the Committee:

- **NOTED** the report.

QS26.133 Corporate Governance Report

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

- The Committee self-assessment report was shared as part of the supporting papers. This has been completed for all Committee during this cycle.

In discussing the item, the Committee:

- Agreed to review the findings of the Committee self-assessment, findings from the Well Led Review and the recent Audit Wales report on quality governance within an upcoming development session. It was requested for this to be scheduled before the end of the calendar year.

The following actions were agreed:

- **Action QS26.133.1**: Development session to be held by December 2026, and to consider the committee self-assessment, well led review findings and Audit Wales Quality Governance report.

FOR INFORMATION

QS26.134 Mental Health Oversight Group – AAA Report

The Committee reviewed the report. In discussing the item, the Committee:

- Were advised that the ligature programme board is scheduled. This issue was also highlighted in the recent PPHP Committee.
- Were advised that an update on the outcome framework was received at the Board meeting in July 2026. Work is progressing and an update will be given to committee at an upcomign meeting.

It was resolved, that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

QS26.135 Agree Items for Referral to Board / Other Committees

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

- There are workforce implications arising from nurse staffing reviews, with particular focus on recruitment, retention, workforce supply and the development of sustainable staffing models across Mental Health and Learning Disabilities and Community Hospital services. The Committee noted that these needed addressing within existing budgets and noted that this was also raised at Executive Committee.
- The Committee noted that a number of actions within the Quality and Safety Board Assurance Framework continue to be assessed as having low delivery confidence, reflecting capacity constraints and the need to strengthen implementation of the Quality Management System and supporting programmes of work.
- The Committee noted continuing performance risks relating to psychological therapies waiting times, CAMHS performance and cancer pathway recovery, which remain subject to enhanced oversight and recovery action.

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

- The Committee received assurance that targeted recovery plans, supported by Welsh Government investment, are driving improvements across planned care, diagnostics, cancer and urgent and emergency care pathways Whilst risks relating to emergency department overcrowding, cancer performance, follow-up backlogs, endoscopy waiting times, pre-operative assessment capacity, CAMHS and psychological therapies remain, the Committee was assured that recovery actions and enhanced oversight arrangements are in place.
- The Committee welcomed the enhanced Integrated Performance Report format, which provides improved visibility of performance trends, risks and recovery actions and supports effective scrutiny.

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

- A Deep Dive into Endoscopy will be undertaken at the next QSE Committee.
- Received a paper on Urgent and Emergency Care, noting that there is significant way to go but that improvements are evidenced. A strategic paper will be received at the Board meeting in September which will need to address leadership staffing fragility.
- The Committee agreed to hold a development session to consider the outcomes of the Committee self-assessment, Well-Led Review, Audit Wales Quality Governance Review and NHS Wales Performance & Improvement work, to inform future Committee priorities and the 2027 cycle of business.

The Committee reviewed both risks and noted ongoing mitigating actions and recovery programmes. Concerns remain regarding delivery confidence of some actions due to capacity constraints.

- The patient story highlighted communication, escalation and advocacy issues for patients with complex needs, with learning to be shared through quality improvement and governance arrangements.

- The Committee highlighted the importance of continued promotion of hand hygiene and infection prevention and control messages to staff and the public to support improved patient safety outcomes.

- The Committee requested that the People & Culture Committee consider the workforce implications arising from nurse staffing reviews, with particular focus on recruitment, retention, workforce supply and the development of sustainable staffing models across Mental Health and Learning Disabilities and Community Hospital services.

QS26.136 Review of Meeting Effectiveness

Members discussed the potential use of a consent agenda format for future meetings, following a trial in Planning, Population Health and Partnership Committee, noting the ability to focus on key issues with Committees.

Members noted the importance of capturing positive items too, and emphasised the need to capture more experience focused items.

QS26.137 Date of the Next Meeting

5th November 2026

QS26.138 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'