

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety and Experience Committee meeting
held in PUBLIC
on 3 July 2025, The Boardroom, Carlton Court, St Asaph

Board Members present	
Name	Title
Dr Caroline Turner	Committee Chair, Independent Member
Chris Lothian-Field	Committee Vice Chair, Independent Member
Urtha Felda	Independent Member
Professor Mike Larvin	Independent Member
In Attendance	
Angela Wood	Executive Director of Nursing & Midwifery
Ros Alstead	Independent Advisor, Royal College of Psychiatrists Action Plan Response (part meeting)
Nesta Collingridge	Head of Risk Management
Rhys Davies	Interim Director Of Pharmacy & Medicines Management (part meeting)
Dyfed Edwards	Chair, BCUHB
Gareth Evans	Director, IHC Central
Naomi Holder	Site Director of Nursing (Secondary Care East) (part meeting)
Nicola Jones	Deputy Head of Internal Audit
Matt Joyes	Deputy Director for Legal Services
Nichaela Jones	MH&LD Head of Operations (deputising for Iain Wilkie, Director of Mental Health)
Stuart Keen	Director of Environment and Estates
Jo Kendrick	Head of Quality
Lois Lloyd	Chief Pharmacist / Controlled Drugs Accountable Officer
Phylis Makurunje	Aspiring Board Member (observing)
Phil Meakin	Associate Director of Governance, Lead for RCP Action Plan response
Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Philippa Peake Jones	Head of Corporate Affairs
Stephen Powell	Director of Commissioning and Performance
Maeve Puleston-Jones	Audit Wales (observing)
Geoff Ryall-Harvey	Llais, North Wales (part meeting)
Fiona Lewis	Minute Taker

Agenda Item
PRELIMINARY MATTERS
<p>QS25/52 Welcome and apologies</p> <p>The Chair welcomed all to the meeting.</p> <p>Apologies were received from Pam Wenger (Director of Governance), Iain Wilkie (Director of Mental Health & Learning Disabilities) Nichaela Jones deputised, Dave Harries (Head of Internal Audit) – Nicola Jones deputised, Tehmeena Ajmal (Chief Operating Officer) and Fiona Giraud (Director Of Midwifery & Womens Services).</p>
<p>QS25/53 Declarations of Interest</p> <p>None were received.</p>
<p>QS25/54 Unconfirmed minutes of meeting held on 1 May 2025</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Agreed the Minutes were a true and accurate record of the meeting held 1 May 2025.
<p>QS25/55 Matters Arising and Action Logs</p> <p>Updates to the Action Log were noted.</p> <p>QS25/55.1 It was noted that SP, AW and IHCs were to discuss how best to support and scrutinise quality of services. An update to be provided at next meeting.</p> <p>QS25/55.2 Ophthalmology update to be provided at September meeting, with NC ensuring that the update and the Corporate risks are aligned.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Agreed the updated log. <p><i>[Mike Larvin and Nichaela Jones joined the meeting]</i></p>
<p>QS25/56 Patient Story – Carer Aware Approach to Hospital Discharge</p> <p>The Executive Director of Nursing and Midwifery shared an audio-visual story which showcased the positive partnership between the North East Wales Carers Information Services (NEWCIS) and staff at Wrexham Maelor Hospital (including the Patient Liaison Service, PALS), supporting unpaid carers to facilitate the earliest, safe transfer of patients from hospital to their homes. Without this co-operation, patients and their carers can sometimes reach crisis situations, resulting in the patients needing to be readmitted into hospital.</p> <p>Following the presentation, Members noted:</p> <ul style="list-style-type: none"> • This service was provided at all acute and community hospitals • Work continued to improve the services, in particular more help for young carers

- For patients and carers who are not born in the UK, many face difficulties in understanding the processes to access services. As such, the Organisation needs to ensure it is culturally competent in recognising any barriers they may experience and provide appropriate support to enable them to fully participate and access services.

The Chair thanked The Executive Director of Nursing and Midwifery for bringing this matter to the Committee's attention.

It was resolved that the Committee

- **Noted** the report.

[Stephen Powell, Gareth Evans, Naomi Holder and Rhys Davies joined the meeting]

SERVICE PRESENTATIONS

QS25/57 Integrated Health Community (IHC) - Central

The Director of the IHC Central, the Site Director of Nursing (Secondary Care EAST) and the Interim Director of Pharmacy & Medicines Management jointly made their presentation, highlighting the following:

- Central area had high pockets of elderly population and some of the most deprived areas in Wales.
- There are a number of specialist services in Central, not found elsewhere in North Wales, such as Sub-Regional Neonatal Intensive Care (SuRNICC) and Vascular services.
- The current Governance Structure was under review.
- The progress made regarding the outstanding actions, following the Internal Audit Review in 2024.
- The numerous achievements made over the past 12 months.
- The Central Incident profile including the two Never Events; the Health Acquired Pressure Injuries along with the mitigations and measures put in place; the infection trends; the reduction of and learning from formal concerns, and the increase in appropriate flow to and through community hospitals.
- Primary and Community Care – Regulation 28 notice on the Health Board on 14 February 2025. Healthy Prestatyn Iach (HPI), a CIHC Managed Practice, had not attained its expected compliance – Naomi Holder to provide an update outside of meeting.
- The de-escalation of the Emergency Department at Ysbyty Glan Clwyd as a service of significant concern by the Healthcare Inspectorate Wales (HIW).
- The impact and success that the Therapies teams have had supporting patients to avoid hospital admissions, as well as facilitating earlier and safer discharges.
- Continuing Areas of Concern – Gastroenterology as a challenged service?
- The negative impact of enhanced organisational controls/non-recurrent funding (contracts, Oracle and RIGA)
- The top five risks and plans to mitigate along with emerging and escalating risks to note.

Following the presentation, discussions took place regarding:

- Necessary improvements to avoid breaches of capacity in Pharmacy and the importance of addressing capacity pressures. These included regional actions already underway to expand outsourcing, advancing workforce recruitment, standardising prescriptions and ensuring they are presented to Pharmacy in a timely manner.
- It was noted that work continues to improve the flow of patients through the hospital – from the front to the back door. Should this not be addressed, waiting times in ED will remain stubbornly high.

ACTIONS:

- **QS25/57.1 NH** to provide update to Members regarding HPI's compliance.

It was resolved that the Committee:

- **Noted** the information provided.

[Gareth Evans, Naomi Holder and Rhys Davies left the meeting]

QUALITY PLANNING

QS25/58 Executive Summary of the Key Strategies Relating to Women's Health and Perinatal Services

The Executive Director of Nursing and Midwifery presented the paper which provided information about the new strategies and policies relating to women's health and perinatal services across Wales.

The paper referred to the implementation of the Women's Health Plan, with the expectation that there will be a Women's Hub (either virtual or physical) in place by the end of the financial year. It was anticipated that with a Clinical Lead and Steering Group now in place, following appropriate consultation, a bid for up to £300k funding will have been made by September 2025.

Following the Llais review of Women's Services at Swansea Bay in May, a response along with an Action Plan had been requested. It was noted that a response was created and that the Action Plan was going through Governance and would be brought to the Committee at the next meeting for review.

Additionally, the Health Board awaited details from the Welsh Department of Health regarding a one-off independent national maternity and neonatal assessment, which is to be carried out across Wales, following the Cabinet Secretary's announcement in May.

Action:

- **QS25/58.1 FG/AW** to share response and action plan following the Llais Review of Women's Services at Swansea Bay.

It was resolved that the Committee

- **Noted** the report.

[Geoff Ryall-Harvey, Ros Alstead and Phil Meakin joined the meeting]

QS25/59 Corporate Governance Review

Members received the Committee's Annual Report, Annual Self-Assessment and draft Cycle of Business. The Head of Corporate Affairs confirmed the following:

- Primary care would be sitting under the governance of Planning, Population's Health and Partnerships Committee.
- Work will continue to align the Forward Work Plan with the Annual Plan.

Members discussed the following:

- **The Annual Report**
 - Pg 4. Amend 'formation of the Committee' to 'strengthened arrangements of the Committee'.
 - Pg 3. Amend list of 'currently challenged services' so as not to include Ophthalmology, Plastics and Oncology, which the Committee had not reviewed within the period covered by the report.
 - The Chair wished it noted more clearly in the report that the development sessions had been extremely helpful to the Independent Members.
- **The Annual Self- Assessment**
 - The Lead Executive was pleased with the findings of the Annual Self-Assessment, however noted that in future more clarity around wording used would be required to avoid misinterpretation of questions.
 - Chair noted that 'there was uncertainty that the Committee effectively monitors the implementation of Management actions from Audit Reports'.
- **The Draft Cycle of Business**
 - Noted the addition of the Annual Plan to the COB.

ACTIONS:

- **QS25/59.1 CT and PP-J** to discuss slight amendments to Annual report outside the meeting.
- **QS25/59.2 PPJ** to look at amendments to Annual Self-Assessment.

It was resolved that the Committee

- **Approved** the QSE's Cycle of Business 2025-26
- **Approved** the Committee's Annual Report
- **Noted and Discussed** the Committee's Self-Assessment

QUALITY ASSURANCE

QS25/60 Integrated Quality Report

The Executive Director of Nursing and Midwifery, The Interim Executive Medical Director, The Executive Director of Public Health, The Executive Director of Allied Health Professionals and Health Science and the Deputy Director of Legal Services provided their insight into their respective sections of the report.

The following areas were highlighted:

- **Patient Safety**
 - Efforts continue to reduce the backlog of open incidents (5,226, with 63% overdue)
 - Downward trend in patient falls with strategic oversight from the Health Board

- Upward trend in healthcare acquired pressure ulcers, with ongoing efforts to manage and reduce incidents.
- A reduction in National Reportable Incidents compared to the previous period, with a focus on timely and effective management
- Two recorded Never Events, with measures implemented to prevent recurrence.
- **Patient Experience**
 - 533 complaints received with 531 closed and an improvement in the average closure time.
 - Positive feedback on patient care received, with a focus on dignity, respect and language accessibility.
 - 1,170 PALS enquiries resolved
- **Clinical Effectiveness**
 - ongoing national clinical audits to benchmark performance and identify improvements
 - Improved compliance with NICE guidance with proactive support and training provided to departments
 - With regards to the Mortality Review, engagement with the Medical Examiner Service ongoing, which supports continuous learning and quality improvement.
- **Quality Assurance**
 - Ongoing inspections and Improvement Plans to address issues identified by Healthcare Inspectorate Wales
 - Quality of Care reviews and compliance with regulatory requirements of Care Inspectorate Wales
 - No new public interest reports received from the Public Services Ombudsman for Wales.
- **Healthcare Law**
 - One Regulation 28 Prevention of Future Death Notice received with actions taken to address identified issues.
 - Efforts continue to improve the timeliness of Learning from Events reports, with a significant reduction in overdue reports.

Following the presentation, Members discussed the following:

- significant progress made since the last meeting with regards to the improved monitoring of Clinical Audits.
- there remained a significant number of deaths yet to be coded.
- The Interim Executive Medical Director to circulate details of the Medical and Healthcare products Regulatory Agency (MHRA) breach that had taken place
- The possibility of making the focussed PALS training on patient and carers experience mandatory in the future, which it was agreed would be difficult to facilitate. It was noted that this training is currently being carried out, but at the patients' bedsides.
- The improved relationship between the Health Board and the Coroner's Office, as noted by the Chief Executive Officer, The Executive Director of Nursing and Midwifery and the Deputy Director of Legal Services.
- A question arose regarding understanding staff training in the use of gases.

Action:

QS25/60.1 SA to circulate details of the MHRA breach.

QS25/60.2 AW to investigate staff training around the use of gases

It was resolved that the Committee

- **Noted** the report

QS25/62 Update on the Royal College of Psychiatry (RCP) Action Plan

Ros Alstead, the Independent Special Advisor and Chair of the Expert Advisory Group (EAG), presented the report and reflected on the following:

- The EAG is approximately two thirds of the way through the time allotted to it for the work.
- The considerable difficulties around handling the work in a sensitive manner is ongoing, making sure to strike the right balance between pace and momentum.
- Her continued thanks to the Experts by Experience for their input into the process, the Health Board for its support and Geoff Ryall-Harvey, Llais, for his support and guidance.
- Looking at the actions that have come through the Health Board committees, noting that working with patients and families had provided a different perspective.
- Llais due to start visiting wards on 4 July, to access staff and patient input first hand.
- That there was undoubtedly steady but not consistent improvement – therefore still much more to do.
- Her concern regarding the sustainability of raised standards and how they will be monitored and maintained.
- The management of EAG Members' expectations.
- Clarity required regarding improved validation and sustainability of outcomes.

Following the presentation, the Committee:

- Thanked the EAG for their work.
- Noted the enormous amount of learning.
- Asked what the long-term plan is regarding the lack of psychologists
- Was assured that Civica enabled consistent team/patient engagement
- Was assured that the Health Board continued to monitor and support Caniad.
- Was pleased to hear that the teams were invigorated by involvement in the EAG work.

It was resolved that The Committee:

- **Noted and considered** the update from the Chair of the Expert Advisory Group
- **Noted and considered** the update on progress against the Expert Advisory Group Work Programme
- **Noted and considered** the Development of a draft Outcome Framework and Performance Dashboard

[Geoff Ryall-Harvey, Ros Alstead and Phil Meakin left the meeting]

QS25/61 Integrated Quality Performance Report (IQPR)

The Director of Performance presented his report, noting:

- The new style of reporting, especially from a commissioning perspective
- Improved interfacing and early intervention with commission providers to reduce harm to patients on long waiting lists

- Work being done with the Executive Director of Nursing and Midwifery and her team to provide more quality substance to the report.
- the importance of the Quality Impact Assessments to help support decision making.

Following the presentation, the Committee noted:

- the improvements in the quality of the report
- the ongoing work training Coders and catching up with the back-log
- the continuing work regarding the outstanding action relating to triangulating risks with performance
- concern regarding the harm to patients whilst on waiting lists and mitigation being put in place
- understanding what better outcomes look like and how to measure them.

It was resolved that The Committee:

- **Reviewed** the contents of the report and
- **Proposed** actions noted above arising from the report,
- **identified** any additional assurance work or actions it would recommend Executive colleagues to undertake, as noted above.

ROUTINE REPORTING

QS25/63 Board Assurance Framework and Corporate Risk Register

The Head of Risk Management provided an update firstly on the Corporate Risk Register, noting:

- QSE had 15 Corporate risks
- Moving the responsibility of Primary Care and Community Care to the Planning, Population Health and Partnerships was deemed appropriate.
- Seven risks were above tolerance and continued to be monitored and scrutinised.
- The Risk Scrutiny Group (RSG) received a Deep Dive presentation into Vascular Services, where it was scrutinised and challenged. The risk had increased due to sustainability issues in relation to the medical workforce.
- The RSG was also closely monitoring the services with newly escalated risks – Pharmacy and Vascular.

Following the presentation:

- Concern was raised that the Risk Register might be being used to drive transformation and improvements in services.
- The Committee was assured that all eight challenged services were being put through the QMS process
- Members agreed there was more work to do but did acknowledge the improvements in governance, leadership and financial control.
- It was agreed that The Executive Director of Nursing and Midwifery, The Interim Medical Director, The Director of Commissioning and Performance and the Head of Risk Management should meet outside of the meeting, to discuss Risk Register thresholds.

Action:

- **AW, SA, SP** and **NC** to meet to discuss Risk Register thresholds.

It was resolved that the Committee:

- **Received assurance** for the progression of the Corporate Risks to which the Committee has overall accountability.

[Dyfed Edwards left the meeting]

FOR INFORMATION

QS25/64 JCC Quality Safety Outcomes Highlight Report 20.05.25

It was resolved that the Committee

- **Noted** the Report.

QS25/65 Summary of Business to be Reported in Private part of Last Meeting

It was resolved that the Committee

- **Noted** the Report.

QS25/66 Review Committee Forward Work Plan (FWP)

It was resolved that the Committee

- **Noted** the Committee Forward Work Plan.

QS25/67 Llais NW Monthly Report

It was resolved that the Committee

- **Noted** the Committee Forward Work Plan.

CLOSING BUSINESS

QS25/68 Agree Items for Referral to Board / Other Committees

It was resolved that there were no items for referral to Board or other Committees.

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QS25/69 Meeting Effectiveness

Members thanked The Director of Commissioning and Performance for both the contents of his report and his attendance at the meeting

QS25/70 Date of Next Meeting

13.00hrs, Thursday, 4 September 2025

Resolution to Exclude the Press and Public

It was resolved that 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.

