



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	27 November 2025
Committee Meeting Date	4 November 2025
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. **A data reporting error** has been identified with two sets of monthly data previously provided to Trust Board on the MIQPR. The June and August 30 working day compliance for Putting Things Right (PTR) has been over-reported, with performance now confirmed as having been much lower. This has been caused by reliance on manual extraction and calculation. The Directorate now has the technical capability to produce this metric in an automated way which will provide improved future confidence in the data reporting accuracy.
2. At the August meeting, members received the **Putting Things Right (PTR) and Legal Services Performance Organisational Recovery Plan**, with progress updates provided at this meeting. Members acknowledged the focused efforts on key challenges, including the increasing complexity and delays in PTR investigations, high sickness rates within PTR teams, and persistent issues with data access and manipulation, alongside the need for enhanced digital resources. The recent passing of new PTR regulations in the Senedd adds further complexity to this landscape, as preparations begin to consider the requirements and upskill staff ahead of implementation in April 2026.

Members commended the progress made in reducing the time taken for more complex investigations within EMSC and Integrated Care, particularly in light of ongoing high sickness levels. They also noted the non-recurrent financial investment of £155K allocated to support the teams during this financial year. While the committee was assured that substantial work is underway, members requested that the next update provide a clearer assessment of the impact of this financial investment on the recovery plan, along with further detail on improvement trajectories and executive confidence in both recovery and its long-term sustainability.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. Committee received a **Patient Story** from Alison Clarke, a user of the Non-Emergency Patient Transport Service (NEPTS), who described the significant impact of last-minute cancellations on her ability to attend vital medical appointments. She highlighted the emotional toll of not knowing whether transport would be available, the lack of clear communication from the Trust, and the impact on her health and wellbeing when appointments were missed or delayed. Alison's account underscored the need for improved communication, clearer eligibility criteria, and greater service reliability. The discussion highlighted that such cancellations are increasingly common due to a mismatch between demand and available capacity, exacerbated by factors such as reduced volunteer drivers post-pandemic, higher patient acuity, and system inefficiencies such as late bookings and cancellations by Health Boards. Members acknowledged the emotional and practical harm caused to patients and thanked Alison for sharing her experience.
4. The PTR Report and Alison's lived experience highlight the **ongoing high demand for NEPTS**, which continues to generate complaints about unmet patient needs. Despite support from the QSPE directorate through emotional mapping, enhanced data visibility, and efforts to encourage on-the-spot resolution, complaint levels have not declined. Members discussed the impact on patient care and will ask the Finance and Performance Committee (FPC) to review current actions and plans to improve NEPTS service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and the available commissioned capacity.
5. The Committee received an **update on the patient story** given in August 2025, which was Sophie's story. Since this time the Trust has developed easy-read resources, made progress on reasonable adjustments, and engaged with local learning disability groups to define quality service. The organisation will review learning from Sophie's story and other feedback to inform ongoing service improvements.
6. The committee approved the **Prevent Policy**. The committee received overview of the policy and its alignment with statutory requirements and NHS Wales guidance. The committee discussed the policy's content, its relevance to safeguarding, and the importance of staff training and awareness. Members were satisfied with the policy's clarity and the assurance provided regarding compliance and implementation.
7. The committee noted a proposal to initiate a full revision of the **Clinical Plan** aligned with the new ambulance performance framework. The revised approach will prioritise clinical leadership and outcome-based measures over time-based metrics, noting that much of the transformation is already underway through the CMT programme.
8. The Committee received the **Operational Update for Q2 2025/26**, which members noted:
 - A task and finish group has been established in partnership to develop an action plan that is actionable and sustainable, improve rural recruitment and retention alongside rural capacity and resilience.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

- The robustness of transfer and discharge demand and capacity modelling for patient care. It was noted that financial constraints and unpredictable demand continue to present challenges, with current efforts focused on improving system efficiency rather than expanding resources.
9. Members **reflections included** positive comments on the meeting's structure, time management, and the quality of papers; crediting effective agenda planning and governance support. They emphasised that discussions were thorough and not rushed, with particular value placed on the focus given to Ambulance Care and patient stories. A recurring theme was the challenge of data and digital capacity, with concerns about manual processes and their impact on organisational intelligence and staff workload. Observers found the meeting insightful for understanding the Trust's governance arrangements, and the collaborative culture within the Trust. These reflections underscore the committee's commitment to robust assurance, continuous improvement, and transparency in addressing operational and strategic challenges. The committee welcomed an observer from the Joint Commissioning Committee as well as a number of WAST colleagues.
10. The committee **met briefly in private** to receive a confidential risk report.

ASSURE

(Detail here any areas of assurance the Committee has received)

11. The **Monthly Integrated Performance Report (MIQPR)** was received, setting out the metrics for August/September 2025. Performance related to PTR is reported separately below and members noted that the board will receive and discuss the MIQPR at its meeting in November 2025. The committee considered the impact of the Clinical Model Transformation (CMT) programme and reduced handover delays on Health Boards, with early indications of improved ambulance availability and conveyance of higher acuity patients not necessarily benefiting flow through the front door. A formal evaluation of the CMT programme has been commissioned, however benefits realisation and performance indicators and trajectories work is underway internally and will be overseen by FPC.
12. The **PTR Report for Q2 2025-26** was received, highlighting a number of learnings and improvements that have been identified and implemented. While some areas of poor performance are being addressed through the PTR recovery plan referenced above, the following points are noted for the Board's attention:
- The number of overdue NRIs has remained relatively static this quarter. However, the board will see from the MIQPR that there has been a deterioration in the timeliness of complaint responses, with fewer being completed within the statutory 30-day timeframe. This target has not been met in any of the past 15 months reported. There has also been a decline in the number of Duty of Candour letters issued within the required five working days.
 - Key themes emerging from NRIs this quarter include issues with call management (such as missed allocation opportunities and delays due to incorrect incident addresses), remote clinical care (including inappropriate call downgrades and challenges in mental health consultations), and operational pressures (notably abstractions and low staffing levels).
 - There are ongoing delays in the submission of Learning from Events Reports, which has prompted an intensive support programme from the Welsh Risk Pool. Progress against last year's improvement



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

programme is slipping, as reflected in the audit tracker.

- Additional learning has been captured around complex case management, the impact of the Clinical Navigator role, and developments in gender identity work.

13. The Audit, Risk and Assurance Committee (ARAC) received the annual assurance report of this Committee regarding the framework supporting the **near miss and low harm** intelligence reporting in the Trust at its meeting on the 02 September 2025. ARAC noted the report provided only limited assurance however did take account of the PTR recovery plan which is focused on the incidents that have taken place and that therefore improvements in near miss and low harm reporting may not be forthcoming in the short term. A further update was sought from ARAC in March 2026.
14. The Learning from Deaths (Mortality Reviews) for Q1 and Q2 was received, with delays in care far outweighing other cases by referral reason. Learning themes include recurrent issues such as:
- Deconditioning and long lies.
 - Possible opportunities for alternative Pathways and avoiding conveyance.
 - Absence of Advanced Care Planning and end of life care packages, education and preparation.
 - Number of patients opting to self-convey because of long Estimated Time of Arrivals (ETAs).
 - Very poor patient and family experiences, predominately due to delays in responding.
 - Identification of atypical stroke presentations.
 - Caregivers/callers with Learning Disability who find themselves unsupported during long waits.
 - Lack of planning, preparation and support for recognised terminal conditions such as Motor Neurone Disease where death was both anticipated and expected.
 - Consistent volume of concerns from bereaved relatives about CPR instructions being given to callers when a person already has a DNACPR.
15. Partial assurance was provided on the **Strategic Quality Plan Implementation Update**, particularly in relation to the population health and value-based healthcare objectives. This was attributed to ongoing capability and capacity issues. Members noted that resourcing and prioritisation of the digital and data plan remains a challenge given the team's current focus on the CMT programme. Nonetheless, the positive impact of the quality team's work is being felt across the Trust and was evident in the discussions at this committee. Members acknowledged the increasingly mature dialogue around the Quality Management System (QMS) and quality improvement methodology, as well as the emergence of a pan-Wales approach. The committee will continue to receive assurance reports on implementation at each meeting, ensuring a balanced focus on both the progress of individual actions and the strategic outcomes and impact.
16. The **Patient Experience and Community Involvement (PECI) Biannual Report** was received. The committee noted the Trust's progress in embedding experience metrics, with positive feedback on staff kindness and booking systems. The report confirmed compliance with statutory duties and robust processes for real-time feedback and quality improvement. Transparency with reporting, growing interest in patient experience and visualisation, and efforts to ensure equitable engagement were acknowledged. Members were assured the PECI Team is aligning with national frameworks, are pursuing Information Commissioner requirements to increase patient contacts directly through SMS, and planning trend-based data enhancements. Despite resource challenges, the PECI Team remains



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

committed to meaningful engagement and continuous improvement, with future reports to be publicly shared and adapted during organisational change.

17. The Committee has reviewed the **Mental Health Annual Report for 2024/25**. The report outlines strategic transformation across Wales, with improvements in governance, service delivery, workforce development, and partnerships aligned to Welsh Government priorities. The Trust is moving towards integrated, proactive mental health support, aiming to reduce emergency department pressures and improve care quality. The Gwent Mental Health Response Vehicle pilot has shown positive outcomes and the Trust is considering opportunities for expansion and 24/7 coverage. Specialist roles and advanced training in areas such as learning disabilities, CAMHS, substance misuse, and dementia are strengthening workforce capability and enhancing generalist practice. Challenges including staffing shortages, limited service hours, and data gaps are being addressed through recruitment, training, technology, and performance monitoring. The committee acknowledged the report's value, supported its recommendations, and looked forward to more integrated, resource-aware developments and clearer evidence of local authority involvement in future reporting.
18. The **Clinical Audit Plan and Action Tracker update for Q2 2025/26** was received with no escalations.
19. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. There was broad agreement that the committee's membership is appropriate and diverse, and whilst concerns were raised about the number of attendees, with some questioning the value added by non-contributing participants, wide attendance is encouraged and welcomed by the committee in open session. The committee is seen as effective with high engagement, robust agendas, and strong scrutiny and chairing. However, there is a desire for more focus on the effectiveness of the QMS as a whole, including quality planning, control, and improvement, not just assurance. This will be addressed in the cycle of business and priorities of the committee for 2026/27. The terms of reference are viewed as suitable and were approved subject to changes which transfer responsibility for value based healthcare from FPC.
20. An update was received on the **Audit tracker (internal audit, external audit/reports)** with no escalations to the board.
21. The **cycle of business and monitoring report** were reviewed with members noting the Annual Infection and Prevention Control Report 2024/25 was deferred until January (it was due to be presented in August).

RISKS

Risks Discussed:

The Trust's two highest scoring **risks 223**: the Trust's inability to reach patients in the community causing patient harm and death and **risk 224**: significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.

Discussions during the next round of reviews will centre on whether reductions in handover delays will



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

translate to a reduction in scores. Handover delays have seen month on month reductions (12,284 in September 2025 compared to 20,693 in September 2024) but are still not close to those upon which are service is modelled, and not currently universal across Wales.

New Risks Identified: The continuing pressures on our people and resourcing challenges to the Trust’s statutory duties and ambitions.

COMMITTEE AGENDA FOR MEETING

Operations Directorate Quarterly Report for Q2 2025-26	Patient story and Updates	Monthly Integrated Quality and Performance Report
Strategic Quality Plan 2025/28 Implementation Update	PTR Report Q2 and Recovery Plan	AAA from ARAC re Near Miss and Low Harm Reporting
Mental Health Annual Report 2024/25	Learning from Deaths (Mortality Reviews) Report	PECI Biannual Report
Clinical audit plan and tracker	Risk Management and BAF	2025/26 Quality Governance Review
Audit Tracker 2025/26 Q2	Prevent Policy (for approval)	Cycle of business and monitoring report

COMMITTEE ATTENDANCE

NAME	9 MAY 2025	13 JUN 2025 ¹	5 AUG 2025	10 OCT 2025 ²	4 NOV 2025	3 FEB 2026
Bethan Evans (Chair)						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Liam Williams						
Andy Swinburn			Jonathan Chippendale			
Lee Brooks	Peter Brown				Mark Harris	
Rachel Marsh			Hugh Bennett		Hugh Bennett	
Jonny Sammut	Keith Williams					
Trish Mills		Julie Boalch		Julie Boalch		
Mark Marsden						
Hugh Parry					From item 6.1	
Henry Garrard						

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Extraordinary meeting

² Extraordinary meeting