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

**WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING
OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HELD ON 3 FEBRUARY 2026 VIA TEAMS**

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Ceri Jackson	Non-Executive Director and Vice Chair of the Board
Rhiannon Beaumont-Wood	Non-Executive Director
Lee Brooks	Executive Director of Operations
Henry Garrard	Trade Union Partner (<i>joined at Item 5</i>)
Rachel Marsh	Executive Director of Strategy, Planning & Performance
Mark Marsden	Trade Union Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner (<i>left during item 11</i>)
Liam Williams	Executive Director of Quality and Nursing
Andy Swinburn	Executive Director of Paramedicine

IN ATTENDANCE:

Claire Appleton	Head of Putting Things Right (<i>left after Item 8</i>)
Kate Blackmore	Assistant Director of Quality Governance
Jonathan Chippendale	Assistant Director of Clinical Development
Penny Durrant	Deputy Director of Nursing, Quality and Governance (<i>left during item 11</i>)
Sarah Harland	Corporate Governance Officer
Leanne Hawker	Head of Patient Experience & Community Involvement
Alison Kelly	Business and Quality manager
Wendy Herbert	Assistant Director of Quality and Nursing
Osian Lloyd	Head of Internal Audit, NWSSP
Alex Payne	Corporate Governance Manager

APOLOGIES:

Jonny Sammut	Director of Digital Services
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OBSERVING:

Janice Smith	Good Governance Institute
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OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Janice Smith was welcomed from the Good Governance Institute. Apologies from Jonny Sammut were noted. It was also noted that Trade Union representatives were in attendance. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 4 NOVEMBER 2025

3.1 The minutes of the open meeting of the Quality Patient Experience and Safety Committee held on 4 November 2025 were received and approved.

4. ACTION LOG AND MATTERS ARISING

4.1 The action log was received and the following actions were closed:

06.4 -11/25 Patient Story. Action closed.

09-08/25 Ministerial Advisory Group WAIT 45 Taskforce

The Finance and Performance Committee considered the action and received a paper on NEPTS Capacity Management Plan at its January meeting. Within this context, the committee's discussion on NEPTS capacity confirmed that the service continues to operate within significant limitations, with demand regularly exceeding available and funded capacity. In 2025, NEPTS completed 552,602 journeys. 184,901 journeys were cancelled. 7.6% of total demand was cancelled by health boards. 5.1% was cancelled by service users themselves. CMP cancellations amounted to 3.9%.

Members noted the impact of reduced volunteer availability, longer journey distances, and increasingly complex patient requirements, all of which contribute to cancellations, delays, and poor patient experience. These issues directly align with the concerns raised through PTR and the Quest action regarding unmet need and potential patient harm.



The committee reviewed internal actions already underway, including roster optimisation, efficiency improvements, and closer monitoring of activity patterns. While these measures were recognised as necessary and appropriate, the committee emphasised that they will not fully bridge the gap between capacity and rising demand. As a result, the committee concluded that system level engagement, particularly with health boards and commissioners, remains essential. Ongoing discussions through the JCC were highlighted as key to exploring eligibility criteria, funding arrangements, and wider opportunities for service redesign.

Non-Executive Director triangulation confirmed that these points align with their own experiences, providing further assurance that the constraints and risks are well understood and that the actions being taken are proportionate. In addressing the QUEST action directly, the committee confirmed that the organisation is taking reasonable and responsible steps to mitigate patient harm and improve the service. However, the committee acknowledged that, given current demand and capacity pressures, some level of poor patient experience is likely to continue.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. PATIENT EXPERIENCE – ROY DAVIES

- 5.1 The committee received an account from Roy Davies of a prolonged ambulance delay during a cardiac emergency, which resulted in his neighbour transporting him to hospital. Members heard that Roy felt there was a lack of empathy from call handlers, highlighting the challenge of balancing speed and compassion under operational pressure and the necessity for accurate information gathering. The categorisation of Roy's call as amber, led to discussion about the specificity of the prioritisation process and the public's understanding of call categorisation. Operational context was provided, noting high call volumes for chest pain and the difficulty in identifying those, like Roy requiring an immediate response, as well as the significant impact of hospital handover delays on response times. It was noted that chest pain is an Orange Now in the new Ambulance Performance Framework. Roy's feedback is being used to inform quality monitoring, service improvements, and the development of more empathetic complaint responses, with a commitment to continued learning and system-wide collaboration.

The Committee: Noted Roy Davies' experience and thanked him for sharing it with the committee.



5.1 PATIENT EXPERIENCE UPDATES – ALISON CLARKE

5.1 Leanne Hawker provided an update on actions following the previously presented patient experience from Alison Clarke. Leanne confirmed further discussions have taken place and additional actions are being developed. Commissioners have been engaged to address underlying issues, and the capacity management plan has been discussed at relevant internal groups. Mark Harris and the local service area manager are scheduled to meet with Alison in the coming weeks to keep her informed of progress. The Chair noted the positive use of patient stories to drive change and the action that had been taken by the Finance and Performance Committee to review performance in more detail.

6. MINISTERIAL ADVISORY GROUP WAIT 45 TASKFORCE UPDATE

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

6.1 The Ministerial Advisory Group Wait 45 Taskforce has continued its work to reduce handover delays through clinically led, multi-agency collaboration. This has included a series of design events and focused improvement sprints. There were some concerns about how widely the output from the events were shared. While some early gains were achieved, sustaining progress has remained difficult, particularly given the scale and complexity of system pressures. Challenges within NEPTS also persist however roster reviews and commissioner engagement are under way to support an increase in patient journeys, although these actions alone are unlikely to fully resolve the wider operational constraints. Social care involvement remains critical, as health services cannot address handover delays in isolation. Work is progressing to strengthen integration with local authority and community services. However, there are still gaps in community based options for frail and elderly patients, which often leads to avoidable conveyance to emergency departments.

6.2 Concerns were raised about whether recommendations can be fully delivered at Health Board level, particularly if accountability shifts from central oversight to local implementation. The committee agreed that regular updates on taskforce progress will be essential, since this work underpins its core agenda and supports ongoing system improvements.

6.3 Liam Williams clarified that the position had shifted since the paper was written and reported that although performance had improved during the autumn, it had since deteriorated again due to increasing winter pressures, a trend not explicitly reflected in the written report. Liam stated that Health Boards had not achieved the expected recovery to their October position by



the end of January, offering a level of candour beyond the report, which outlined expectations but did not acknowledge their non-achievement. Liam also described the commencement of a system “reset”, explaining that Health Boards were now entering their second sprint cycle to improve inpatient flow, providing real time context not captured in the formal document.

- 6.4 In addition, Liam clarified that Welsh Government had not set a specific date for achieving improvements in under-45-minute handovers and that no sanctions would be applied for not meeting the new trajectories, offering transparency that softened the urgency implied by the report. Liam further provided operational insight into the challenges, including the practical impact of handover delays, the lack of sustained improvement from earlier actions, and the reasons the system continues to struggle despite extensive intervention.
- 6.5 Rhiannon Beaumont-Wood raised concerns about the limited involvement of social care in improving patient flow. Liam advised that social care is a consistent theme in design discussions and noted a new Chief Medical Officer led programme aimed at integrating adult social care into community response. Lee Brooks reported ongoing efficiency work, including roster reviews, but expressed concern that the handover 45 initiative may lose momentum at health board level due to the shift from central to local responsibility.
- 6.3 Ceri Jackson sought clarity on how the report’s recommendations will be implemented. Liam confirmed that organisational and local clinical leads are progressing early clinical decision making and pathway work. Andy Swinburn added that limited community options for complex patients make effective hospital discharge planning essential for improving flow.

The Committee: received and noted papers setting out progress of the National Handover Ministerial Advisory Group Wait 45 Taskforce and the approach taken by the NHS Wales Leadership Board to sustainable improvement in handover delays being achieved in Wales.

7. OPERATIONS DIRECTORATE QUARTERLY REPORT Q3 2025/26

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 7.1 Key highlights from the report were identified as follows: Phase 2 of the Ambulance Performance Framework (APF) has been implemented, and operational pressures remain high; handover delays persist, the longest exceeded 18 hours; rural and urban equity issues were discussed, with initiatives underway to improve resource allocation; alternative dispatch



framework is under review, with focus on patient safety and staff wellbeing; and incident reporting backlog (Datix) is being addressed, however real-time learning other than of critical incidents remains a challenge.

- 7.2 Ceri Jackson enquired whether increasing resources in rural areas such as Powys would improve patient experience there, or if those resources would still be diverted to busier urban areas during handover delays. Lee Brooks reported that while the issue is complex, efforts such as rotational models and smart tethering are being implemented to address this, with current data showing that urban patients are currently waiting longer than rural ones.
- 7.3 Rhiannon Beaumont-Wood asked two main questions regarding the Operations report. First, how the patient safety aspects of the alternative dispatch arrangement framework, particularly where non-clinicians are involved, will be closely monitored, not just through complaints and incidents but as close to real time as possible. Rhiannon's second question was, given the ongoing backlog in responding to Datix reports, whether immediate learning can be drawn from these reports rather than waiting until all reviews are completed, to ensure more timely learning during the transformation process.
- 7.4 Kate Blackmore assured Rhiannon that the Quality Management Group regularly monitors Datix, using a dashboard to track both backlog and new intelligence. They review thematic coding and trends in each cycle, look for new or concerning themes, and discuss findings with subject matter experts. This monitoring and learning is reported through CQGG as part of their highlight reporting. Claire Appleton provided partial assurance, noting that while there are processes for rapid review of high-harm incidents and triaging complaints or external sources, the backlog and delays in full investigations mean there is a risk of not fully capturing timely learning, especially for near-miss incidents.

The Committee: received the Operations Directorate Quarterly Report Q3 2025/26.

8. PUTTING THINGS RIGHT REPORT Q3

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 8.1 Liam Williams presented the Q3 Putting Things Right (PTR) report and noted that despite additional resources, improvement has not been achieved, and performance has deteriorated for some indicators. The Board received some of these metrics in the MIQPR at the board meeting on 29 January and acknowledged that changes to the clinical model had increased complexity for some investigations.



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- 8.2 The PTR and Legal Services Performance Organisational Recovery Plan was not available for this meeting. Liam advised that the Putting Things Right (PTR) Recovery Plan is comprehensive but lacks a formal trajectory, with efforts focused on resolving this and prioritising changes for the upcoming Listening to People regulations. The Chair responded that it is disappointing not to have the Recovery Plan at the meeting, and requested it be shared with committee members after Executive Leadership Team (ELT) review on 18 February. The Chair also emphasised ongoing concern about the lack of improvement. Liam agreed to circulate the PTR Recovery Plan to committee members after it has been reviewed by ELT, rather than waiting until the next meeting. A briefing to members was also offered on receipt of the plan.
- 8.3 Claire Appleton summarised that the PTR report shows some improvement in National Reportable Incidents (NRI) closures and fewer joint investigations, but there is an upward trend in complaints received this winter, adding pressure to business as usual and recovering backlogs.
- 8.4 The committee discussed the upcoming implementation of new Listening to People Regulations, which will require an offer of face-to-face meetings for complainants and provision of bereavement support. There is concern about the feasibility of meeting these requirements given the absence of final guidance from Welsh Government and current resource constraints. The lack of clarity on timing and operational details is creating uncertainty for planning and impact assessment. The Committee will receive feedback after ELT discussion on preparedness for new regulations and resource implications.
- 8.5 Andy Swinburn expressed concern that new regulations will significantly increase the burden on clinical teams, making compliance extremely challenging without additional resources. Lee Brooks highlighted executive anxiety about implementing new regulations without finalised guidance or resources, warning that the organisation cannot be assured of readiness.
- 8.6 Rhiannon Beaumont-Wood asked about the status and impact of a digital solution for manual data extraction, and about preparedness for the new Listening to People regulations, including workforce modelling and capacity. Liam Williams advised that digital progress is underway with a nearly complete semantic environment, but the team is prioritising building for the new regulations. Liam explained that while draft regulations are available, final guidance is pending, so full preparedness cannot yet be assured. Resource allocation for implementation is being actively considered, but final decisions are still in progress.



- 8.7 Members expressed concern over the significant uncertainty and operational impact associated with this and it was agreed that ELT would further consider organisational preparedness and associated resource implications. The committee will receive feedback on the organisation's readiness and planned implementation approach once ELT has concluded its review.
- 8.8 The significant levels of absence in the PTR team was recognised which has a knock on effect to performance. The committee highlighted the importance of supporting staff wellbeing, particularly in light of high absence rates and the impact of stress and moral injury associated with current workloads and operational pressures. Ongoing work with People Services and Occupational Health was noted.
- 8.9 Ceri observed that patient, family and staff experiences are not where they should be, highlighting the idea of a deep dive into moral injury, and asked about the organisation's ability to learn quickly and apply learning, especially with the new APF. Liam reported that stress and moral injury are being reviewed through health and safety and people services, and that early joint screening of incidents and complaints now enables faster organisational learning and proportionate investigations under the new ambulance performance framework.
- 8.10 The Chair emphasised that, given the current performance and the upcoming regulatory changes, there is a clear risk. The committee was assured that, for complaints and incidents that are investigated and closed, the work is being done well, learning is being applied, and improvements are being made in areas such as functional neurological disorder and pregnancy-related issues. Members also noted that there had been a further increase in new complaints and incidents resulting from increased delays in responding. However, the committee was not assured regarding performance timelines, overall PTR performance, and the ability to meet new regulatory requirements for the Listening to People Regulations, due to the absence of the Recovery Plan, ongoing underperformance and resource constraints.

The Committee received the report on activity within the Putting Things Right and Legal Services portfolio.



9. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR) NOVEMBER/DECEMBER 2025

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 9.1 The Monthly Integrated Performance Report (MIQPR) was received, setting out the metrics for November and December 2025. January handover hours rose sharply (19,000), reversing recent improvements. The Clinical Model Transformation (CMT) programme is developing a benefits realisation workstream, a dedicated programme of work is now being established to "drill down into the data" associated with the new clinical processes introduced under CMT, with the intention of ensuring that the organisation fully understands how the model is operating in practice and where improvements can be made to maximise its impact. The committee will see this as part of its Cycle of Business in 2026/27.
- 9.2 Members noted the need for further metrics for Orange and Amber categories, while receiving assurance that call to door times for stroke and STEMI are being monitored and that additional indicators are under review.
- 9.3 The committee also considered how delays affect access to specialist services such as thrombectomy for stroke, agreeing to progress a joint quality improvement programme with Health Board partners. Differences in Purple and Red response times were explored, with call volume and travel time identified as key drivers. The committee agreed to continue monitoring the impact of Phase two of the CMT, with the expectation that performance indicators will demonstrate improvement over time.
- 9.4 Rhiannon asked about the decline in 111 performance, the need for metrics for Orange and Amber categories, and how clinician feedback is used to improve safety. Rachel confirmed that ongoing work is being undertaken to review and strengthen the metrics included within the MIQPR, noting that while 111 clinical callback timeliness had deteriorated due to clinicians increasingly supporting higher-priority 999 activity. The service is delivering important improvements, particularly through clinicians providing enhanced support to 111 call handlers, reviewing emergency department dispositions, and preventing unnecessary emergency department attendances, benefits that are not fully visible within current performance indicators.
- 9.5 Ceri asked about differences in Purple and Red response times and stroke pathway delays. Andy and Rachel explained that delays are mainly due to resource availability and pathway challenges. Lee Brooks added volume and travel time as key factors affecting response time differences.



- 9.6 The Chair acknowledged that the current call-to-door times for patients are still too long and emphasised the connection between these delays and ongoing handover issues. The Chair expressed that it will be important to monitor how the implementation of phase two of the CMT affects performance indicators and whether it leads to improvements in response times.

10. INFECTION PREVENTION AND CONTROL REPORT 2024/25 AND IMPROVEMENT PLAN

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 10.1 Liam Williams presented the Infection Prevention and Control (IPC) report 2024/25 and IPC Improvement Plan, summarising recent progress, ongoing work in personal protective equipment (PPE) provision, policy review and current priorities in training and fleet cleanliness.

- 10.2 The Chair commented that similar issues had been discussed in previous years and emphasised the importance of seeing a tangible impact following the appointment of the Head of Infection Prevention and Control (Sarah Morgan). The committee requested that the Head of IPC provides an update at the next meeting setting out progress against the 2026/27 IPC work plan; implementation of national All-Wales cleaning standards; and any identified resource or operational risk requiring escalation.

Liam Williams explained that the team has transitioned from having committed but non-specialist staff to now having specialists in IPC, which he believes positions them better for future progress. Liam clarified that the current report bridges the previous situation and the new direction, and expressed greater confidence in the team's expertise and the forthcoming application of new national cleaning standards.

- 10.3 Rhiannon Beaumont-Wood noted the significant work undertaken to strengthen PPE provision, including improvements to respiratory protective equipment (RPE) availability and associated training. Rhiannon sought to understand the Trust's PPE preparedness, particularly noting the Covid Inquiry is ongoing. Liam advised that the Head of IPC is implementing a systematic audit cycle for IPC, improving data presentation, and that the organisation is now better equipped with PPE for all emergency vehicles. Liam also noted ongoing work to review guidance for highly contagious infectious diseases. Rhiannon sought to have comparative data included in future reports.



- 10.4 Trish Mills suggested that, given that the Public Health Wales Board Assurance Framework is not yet in place, and the focus on PPE in the forthcoming Module 3 Covid Inquiry report, it would be helpful to bring forward a discrete update on PPE preparedness before the full framework is available. Liam Williams agreed, and the Head of IPC will include in the next update the current PPE assurance position; progress on implementation of the revised PPE and RPE processes; and outstanding risks or gaps requiring escalation at the next meeting. The Chair supported this, noting it would be helpful, especially since the hand hygiene action plan showed a 75% non-submission rate, which she described as exceptionally high and unacceptable.
- 10.5 Liam advised that IPC assurance will be included in the Trust's Annual Duty of Quality report, and that once the Public Health Wales IPC Board Assurance Framework is published a baseline and compliance update will be brought to QuEST. Liam added that the team has benchmarked against the English version and will present the Welsh iteration when available.
- 10.6 The Chair asked about the confidence of executives regarding delivery of the IPC Service Improvement Plan, noting previous challenges and the need for assurance that actions will be delivered this time, even with ongoing resource pressures. Liam Williams advised that there has been a step change in collaboration and escalation between IPC, Fleet, Estates and Operations, and that the current plan is being prioritised through the IMTP process.
- 10.7 Liam stated that not all actions are feasible, but the Head of IPC is prioritising what can be achieved, and a further iteration of the plan with confidence intervals will be brought back to the committee. Liam emphasised strengthened implementation and ownership over the past year. Members agreed that further assurance will be provided through the future Trust Annual Quality Report and a future update once national guidance and assurance frameworks are issued. The Chair specifically requested clear evidence that the organisation is now seeing the impact of actions that have been recognised as necessary for some time.

The Committee:

- 1. Reviewed content of this report;**
- 2. Recognised the significant changes made to the team and their work since the start of the 2024 financial year;**
- 3. Acknowledged that the refreshed IP&C approach is in its initial phase and will require extensive partnership and coordinated action moving forward; and**



4. Noted the escalation and governance arrangements in place to address non-compliance with IP&C Audits, including the role of operational ownership, executive oversight and IPC Board Assurance Framework alignment.

11. EMERG CLINICAL INDICATORS

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 11.1 Members received an update on the development and refinement of the EMERG clinical indicators used to measure the effectiveness of care within this new category of the APF. The indicators are designed to provide both generic and condition specific insight, supporting assessment of overall clinical effectiveness while also tracking outcomes for high priority conditions including sepsis, maternal emergencies, neonatal care, anaphylaxis and convulsions. The indicators now provide automated, quality-assured insight into both overall clinical effectiveness and outcomes for key conditions such, sepsis, maternal and neonatal emergencies, anaphylaxis and convulsions.
- 11.2 The Committee noted the inclusion of nationally adopted measures, as well as work to align stroke data with the Sentinel Stroke National Audit Programme which would form part of the Orange Now Category. While recognising that wider system constraints continue to affect some indicators, the committee was assured by the progress made and agreed that the enhanced indicator suite will meaningfully support ongoing improvement within the CMT Programme.
- 11.3 Jonathan Chippendale delivered a EMERG clinical indicators presentation, which represents the current progress towards the initial agreed "EMERG" clinical indicators. Rhiannon sought assurance on the development, accuracy and applicability of the new emerge clinical indicators, including data quality, clinician engagement, and the need to measure remote clinical care. Jonathan confirmed the indicators show positive early results, clarified the coding approach, and outlined plans to extend metrics into remote and triage pathways.
- 11.3 Members discussed the need to set aspirations for the new indicators, integrate them into operational practice, prioritise improving call-to-door times, and develop future measures, particularly for remote clinical care. Members recognised technical limitations, data-capture challenges and the importance of aligning improvement work across clinical and operational teams. It is agreed it would be helpful to make future presentation easier to understand.



The Committee:

- 1. Noted progress and success of current publication status of EMERG indicators;**
- 2. Discussed and supported actions to improve repeat-measure recording (pain, SpO₂ and NEWS2) to increase reportable coverage; and**
- 3. Noted dependencies for remaining indicators and the planned next steps (including automated anaphylaxis reporting from Jan 2026).**

12. INTERNAL AUDIT REPORT: CLINICAL EQUIPMENT

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

12.1 The committee received the Clinical Equipment Internal Audit Report, with reasonable assurance. The report highlighted significant improvements since the 2019 review and identified the need for an inventory management system to track key equipment and maintenance, with work ongoing to address this outstanding issue.

12.2 Rhiannon Beaumont-Wood asked about arrangements for evaluating equipment effectiveness and future audit inclusion. Andy Swindburn confirmed oversight by the Equipment Working Group and ongoing reviews. Osian Lloyd highlighted the need for improved incident reporting and noted future audit consideration.

The Committee: Received and took assurance from the Clinical Equipment Internal Audit and noted the discussion at the meeting of the Audit, Risk and Assurance Committee on 2 December 2025.

13. STRATEGIC QUALITY PLAN 2025/28 IMPLEMENTATION PLAN PROGRESS

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

13.1 Kate Blackmore introduced the Strategic Quality Plan, noting capacity constraints affecting several workstreams and the need to adjust timelines while maintaining focus on priority delivery. The areas which require recalibration include the population health and value-based healthcare ambitions, and work relating to care-experienced young people, where technical and data limitations persist. The Chair welcomed the update but expressed concern that delays could lead to an unmanageable final phase and stressed the importance of ensuring the organisation can realistically deliver the plan within available resources.



- 13.2 Kate Blackmore stressed that the organisation is exploring different delivery approaches rather than stepping back from commitments, shifting focus toward self-assessment, readiness for Health Impact Assessment regulations (effective from April 2027), and ongoing continuous improvement work linked to population health needs assessments. She also noted technical and procedural barriers to identifying care experienced young people and indicated the team is adapting by drawing on experiential feedback instead of relying on unavailable measurable data.
- 13.3 Liam acknowledged the capacity issues and explained the plan had been refocused to reflect the demands of the CMT and APF, with greater confidence under the new Chief Executive's emphasis on quality. Rachel Marsh reinforced the need for a tighter, more realistic set of actions aligned to IMTP principles. The Chair agreed, supporting a prioritised approach to ensure the plan remains deliverable within available capacity.
- 13.4 Rhiannon emphasised the need for quality improvement to be embedded in day-to-day practice. Rhiannon also highlighted links with the new clinical indicators, especially for vulnerable groups, and noted concerns about relying too heavily on Siren for engagement.
- 13.5 Kate clarified that while some timelines have been extended, many tasks have progressed and the extensions reflect a need for proper assurance rather than lack of delivery. Kate emphasised that work is being integrated with wider programmes such as the CMT, that communication goes beyond Siren, and that a planned mid-point review will ensure the strategy remains realistic and focused on what can be achieved with available capacity.

The Committee:

- 1. Received the report, noting progress to date in delivering the Strategic Quality Plan 2025-28 as well as the key risks, dependencies and capacity constraints impacting delivery, and the mitigating actions in place;**
- 2. Supported continued quarterly assurance reporting, with a planned transition towards outcome-based assurance measures as delivery matures.**



14. CLINICAL AUDIT PLAN 2026/27 ACTION TRACKER Q3 (UPDATE) 2025/26

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here

- 14.1 Jonathan Chippendale provided the Clinical Audit Plan for 2026/27 for discussion and approval, noting which audits would roll forward, which were in progress and recent developments. The update included audits on magnesium sulphate, antimicrobial use and the new older fallers care bundle. The update also highlighted the increasing focus on broader clinical intelligence alongside traditional audit activity.
- 14.2 Ceri asked for clarification on the age threshold for the 'trauma in older people' audit and whether the end-of-life care audit would include children as well as adults. Jonathan confirmed the trauma audit is expected to use 65+ as the threshold (subject to confirmation with the clinical lead) and agreed to check with the palliative care lead whether the end-of-life care audit could appropriately include children. Andy Swinburn added that future audit work will increasingly focus on clinical intelligence to drive practice change, while still maintaining capacity to undertake traditional audits.
- 14.3 Rhiannon Beaumont-Wood asked whether audit findings, particularly in areas of palliative care are shared with health boards, noting the importance of system-wide learning and pathway alignment. Jonathan confirmed that audit findings are shared with health boards once they have completed the internal assurance process, noting recent examples of joint work with Cardiff and Vale and Betsi Cadwaladr University health board on stroke pathways.

The Committee:

- 1. Approved the 2026/27 Clinical Audit Plan;**
- 2. Noted the revisions to audit timelines and the increasing emphasis on clinical intelligence, and received the Q3 update, including progress on ongoing audits and confirmation that completed audits will continue to be shared with health board partners following internal assurance.**

15. HEALTHCARE INSPECTORATE WALES (HIW) NEW NHS WALES ENGAGEMENT PROCESS

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 15.1 Liam Williams introduced the new Healthcare Inspectorate Wales (HIW) engagement process, noting that WAST had submitted its self-assessment and supporting evidence for the forthcoming desktop review. The Chair welcomed the update and expressed support for the revised approach.



- 15.2 Rhiannon asked whether HIW's reference to communication about delays related to wider public messaging or communication during incidents. Liam confirmed it covered both but was primarily focused on improving how the service informs patients during emergencies. Rhiannon further highlighted the need for clearer proactive explanation to the public, Liam agreed this was important and noted it remained a recognised area for improvement.
- 15.3 The Committee noted the introduction of the new HIW NHS Wales Engagement Process and its implications for organisational quality governance. Members requested Liam provide an update outlining (1) how the organisation will implement the new engagement requirements (2) any anticipated changes to reporting or assurance processes and (3) any associated risks requiring escalation to the Trust Board.

The Committee: Confirmed they wish to receive an annual update on HIW engagement themes and inspection learning and endorsed a brief mapping exercise to confirm alignment and identify any areas where assurance could be strengthened.

16. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 16.1 Trish Mills presented an overview of the Risk Management and Board Assurance Framework, noting that the two highest rated risks, Risk 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* are reviewed monthly. A recent reduction in Risk 223 from a longstanding score of 25 to 20 reflected improved handover performance, though sustainability remains uncertain.
- 16.2 Trish highlighted that many mitigations discussed throughout the meeting directly support these risks and confirmed that a PTR related risk is also being developed. Rhiannon Beaumont-Wood asked about the confidence in sustaining reduced handover delays and whether the new regulatory requirements should also feature as a corporate level risk. Trish agreed the handover risk may need to increase again if performance deteriorates and confirmed that emerging regulatory pressures, including Listening to People Regulations, may require the addition of a further risk.

The Committee considered the contents of the report including:

- 1. The controls in place against the risks; and**
- 2. The actions described to further mitigate the risks.**



17. AUDIT TRACKER Q3 2025/26

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

17.1 Trish Mills presented the Q3 Audit Tracker, noting steady progress across actions and highlighting that most outstanding items are on their first revision and remain on track. Trish confirmed that two Patient Experience and Community Involvement (PECI) actions proposed for closure will remain open pending further assurance discussions. Work is ongoing with Welsh Risk Pool (WRP) recommendations, several of which require updated timelines aligned to the Datix system changes. Trish also advised that alignment with WRP annual assessment will continue to avoid duplication, and acknowledged the strong compliance and oversight maintained by the Quality Patient Experience and Safety teams.

The Committee: Received assurance on the monitoring of management actions to address recommendations in the Tracker, noting revised dates for actions.

18. COMMITTEE ANNUAL REPORT 2025/26 AND CYCLE OF BUSINESS 2026/27

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

18.1 The committee received the draft Committee Annual Report for 2025/26, presented by Trish Mills, which outlined the committee's activities, assurance work and key areas of focus over the reporting period. The committee reviewed the content and confirmed that it accurately reflected its work during the year.

18.2 The committee considered and approved the proposed Cycle of Business for 2026/27, noting that it had been updated to reflect organisational priorities and external regulatory requirements. During discussion, the committee agreed the priority areas for the forthcoming year, including:

- oversight of value-based healthcare and quality improvement;
- delivery of the PTR Recovery Plan and preparedness for the Listening to People regulations;
- strengthened Infection Prevention and Control (IPC) assurance,
- monitoring delivery of the Strategic Quality Plan; and
- structured oversight of Clinical Model Transformation (CMT) benefits realisation, including a formal evaluation framework.

18.3 The Committee emphasised the importance of maintaining clear sight of transformation outcomes and supported the inclusion of a CMT evaluation report as a recurring item within the 2026/27 work programme.



- 18.4 Rhiannon Beaumont-Wood suggested that findings from the public accountability process may generate further quality related priorities, and Trish agreed this would be considered once the outcomes are known, noting that any resulting actions would be directed to the appropriate committee.
- 18.5 Rachel Marsh considered whether benefits realisation from the CMT should be reflected in future committee work, Trish agreed this would be incorporated appropriately. The committee requested that a formal evaluation framework for the CMT programme be developed and reported to the committee. This evaluation should provide clarity on expected benefits, measurable outcomes, delivery risks and the approach for monitoring impact across the year. The committee agreed that oversight of CMT benefits realisation must be embedded within the 2026/27 Cycle of Business.

The Committee:

- 1. Approved the draft Annual Report at annex 1; and**
- 2. Approved the draft Cycle of Business for 2026/27 at annex 2.**

CONSENT ITEMS

19. COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES

The papers for this item are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

The Committee noted the Committee Cycle of Business Monitoring Report and progress against the 2025/26 Priorities.

CLOSING ITEMS

20. KEY MESSAGES FOR THE BOARD

20.1 These were summarised by the Chair and reflected in the AAA.



21. REFLECTIONS

- 21.1 Members reflected positively on the quality and candour of discussions, noting that the meeting provided valuable shared insight into the significant operational and strategic challenges facing the organisation. The patient story was highlighted as a powerful reminder of the real-world impact of system pressures and the importance of ongoing improvement. Members expressed appreciation for the openness of contributors and the strength of scrutiny applied throughout.
- 21.2 Ceri Jackson expressed concern regarding staff wellbeing and the impact of moral injury across clinical and corporate teams. In response to this, members requested that Liam Williams provide an update summarising (1) current organisational work on stress and moral injury, (2) how this links to the People & Culture Committee's ongoing work, and (3) how learning will be integrated into service improvement and staff support programmes.
- 21.3 The committee also recorded thanks to Rhiannon Beaumont-Wood for her contribution as she attended her final committee meeting before leaving the board.

22. ANY OTHER BUSINESS

- 22.1 The Chair offered warm thanks to Rhiannon Beaumont-Wood for her valued contribution to the committee, expressing appreciation for Rhiannon's consistent scrutiny, challenge and support. The Chair also thanked Rhiannon for her engagement and support outside formal meetings, recognising the positive impact she has had on the organisation. Rhiannon will be missed both within QuEST and at Trust Board as she moves on to her new role at Powys Teaching Health Board

23. DATE AND TIME OF THE NEXT MEETING

- 23.1 7 May 2026 at 9:30.

MEETING CLOSE: 15:09