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 5 AUGUST 2025 VIA TEAMS

MEMBERS 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

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Hugh Bennett	Assistant Director of Commissioning and Performance
Lee Brooks	Executive Director of Operations
Jonathan Chippendale	Assistant Director of Clinical Development
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Henry Garrard	Trade Union Partner
Sarah Harland	Corporate Governance Officer
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Deputy Director of Quality and Putting Things Right
Lucie Jones	Head of Patient Safety, Concerns and Learning
Alison Kelly	Business and Quality Manager
Osian Lloyd	Head of Internal Audit
Vicky Maxwell	Head of Safeguarding (Joined at item 8)
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Liam Williams	Executive Director of Quality and Nursing

OBSERVERS:

Ela Lewis	Senior Project Manager

APOLOGIES:

Claire Appleton	Assistant Director of Putting Things Right
Kate Blackmore	Assistant Director of Quality Governance
Estelle Hitchon	Interim Executive Director of Strategy, Planning and Performance/Director of Partnerships and Engagement
Fflur Jones	Performance Auditor, Audit Wales
Mark Marsden	Trade Union Partner
Rachel Marsh	Interim CEO
Andy Swinburn	Executive Director of Paramedicine
Angela Mutlow	Director of Operations, Llais

1. WELCOME AND APOLOGIES

1.1 The Chair extended a warm welcome to everyone, and informing members that the meeting was being recorded. Apologies were noted from Claire Appleton, Kate Blackmore, Estelle Hitchon, Fflur Jones, Mark Marsden, Rachel Marsh, Andy Swinburn and Angela Mutlow.

The Committee RESOLVED to: Apologies were recorded for Claire Appleton, Kate Blackmore, Estelle Hitchon, Fflur Jones, Mark Marsden, Rachel Marsh, Andy Swinburn and Angela Mutlow.

2. DECLARATIONS OF INTEREST

2.1 There were no further declarations of interest to those already listed in the Register.

3. MINUTES AND HIGHLIGHT REPORTS

3.1 MINUTES FROM THE OPEN MEETING 9 MAY 2025

The Minutes from the meeting held on 9 May 2025 were received and confirmed as a correct record and with no amendments requested.

The Committee RESOLVED to: The Minutes of the Open meeting held on 9 May 2025 were confirmed as correct record.

3.2 COMMITTEE HIGHLIGHT REPORT 9 MAY 2025

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the meeting on 9 May 2025.

3.3 MINUTES OF THE EXTRAORDINARY MEETING 13 JUNE 2025

The Minutes of the extraordinary meeting held on 13 June 2025 were received and confirmed as a correct record.

The Committee RESOLVED to: The Minutes of the Open meeting held on 13 June 2025, were confirmed as correct record.

3.4 COMMITTEE HIGHLIGHT REPORT EXTRAORDINARY MEETING 13 JUNE 2025

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the meeting on 13 June 2025.

4. ACTION LOG AND MATTERS ARISING

4.1 *27/25 9 May 2025, Putting Things Right Report – An update was requested on the progress of the Putting Things Right Recovery Plan, it was agreed this would be provided at the next meeting.* Update 28 July 2025 The Putting Things Right Recovery Plan was presented at the meeting of the Executive Leadership Team on 30 July 2025 for further consideration and next steps ahead of the meeting of the QuEST Committee on 5 August 2025. Liam Williams delivered a verbal update to this effect, *Agenda Item 10*. The Committee were satisfied with the update; item proposed for closure.

4.2 *28/25 9 May 2025, Monthly Integrated Performance Report – To conduct a deep dive analysis on the disproportionate impact of handover delays on older people and provide that information for the* November meeting.

4.3 33/25 9 May 2025, *Update on Health Inequalities Maturity Matrix and Population Health Plan – Ceri Jackson suggested exploring funding opportunities through the Charity for potential to support innovation and pilot projects in the public health space*. Update 29 July 2025 A meeting has been arranged on 4 September 2025 with Liam Williams, Ceri Jackson and David Hopkins to explore funding opportunities through the Charity.

The Committee RESOLVED to: Consideration was given to the AAA Reports and Action Log

5. OPERATIONS DIRECTORATE QUARTERLY REPORT Q1 2025/26

5.1 Lee Brooks presented an overview of the Quarterly Operations Report Q1 25/26. The Chair responded positively to Lee's summary, highlighting the many positives in his report and expressing pleasure at starting the meeting on such a positive note. The Chair also congratulated Laura Charles for receiving the King's Ambulance medal.

5.2 Ceri Jackson emphasised the significant change and transformation focused on quality and patient service in Lee's report, acknowledging that some improvements, such as reduced handover delays, will take time to fully realise. Ceri also highlighted positive staff feedback from a recent visit and acknowledged the large volume of work involved.

5.3 Rhiannon Beaumont-Wood echoed the positive perspective on Lee's report, especially the achievement of Resource Escalation Action Plan (REAP) level one and the opportunities for staff in Urgent Care Services. Rhiannon asked about the anticipated impact and timeline of ongoing recruitment on reducing backlogs and the expected benefits of the upcoming team-based working workshop. Lee explained that the backlog reasons vary, with a key focus on improving audit processes, which will take several months due to recruitment, training and onboarding. Lee emphasised increased complexity

in investigations due to more clinical touchpoints but hopes that overall harm and incidents will decrease as improvements take effect. Regarding team-based working, Lee described a pilot in integrated care aiming to improve belonging, attendance and communication, but acknowledged differences in structure and geography.

5.4 Liam William's supported Lee's focus on the W45 initiative, adding that touch point meetings are scheduled for each Health Board. Liam highlighted growing momentum behind both local and national improvement work, with an emphasis on tracking not just operational process measures but also clinical outcomes, particularly for ST-Elevation Myocardial Infarction (STEMI) heart attack and stroke. Liam reported national efforts are gaining traction, with workshops being set up and a clear focus on both operational and clinical improvement areas.

5.5 The Chair acknowledged the positive changes observed in emergency departments, adding they look different compared to the past due to recent improvements. The Chair thanked Lee for the comprehensive report, stating that many discussed topics would reappear later in the agenda, and emphasised the rarity and significance of being at REAP level one. The Chair also highlighted the value of Health Board partners trialling new approaches to reduce handover delays and expressed hope that these improvements would continue.

The Committee RESOLVED to: The Operations Directorate Quarterly Report Q1 2025/26 was received and noted.

6. PATIENT STORY

6.1 Leanne Hawker introduced Sophie's Story. Sophie is a learning disability lived advisor with the Trust, who shared her experiences with the 111 service through the Trust's engagement model, highlighting both positives and areas for improvement. When Sophie has been referred to hospital by 111, she finds it difficult as taxi costs are prohibitively high, and ambulances can take up to 12 hours to arrive. Sophie feels that the language used by 111 is often complex and full of jargon and not learning disability friendly.

6.2 Liam Williams emphasised focusing on aspects of the service within their control, particularly the 111 press 2 mental health support, and the need for accessible language in digital tools and clinician interactions. Liam also reported efforts to recruit a clinical expert in learning disability.

6.3 Jonny Sammut acknowledged Sophie's openness and discussed recent innovations such as the virtual agent on 111, integration with WhatsApp and expanding virtual agent capabilities to ambulance care; these efforts aim to

provide more choices and improve accessibility. An action was raised to explore a co-production approach on future digital resources to enable improved engagement and experiences of those with learning disabilities.

6.4 Rhiannon Beaumont-Wood acknowledged the value of the learning disability register and enquired about its accuracy and update process and the user-friendliness of the symptom checker, and whether there had been updates or support for the learning disability community on timeliness and transport challenges raised by Sophie. Leanne Hawker advised that the learning disability community prefers simple language and fewer questions due to concerns about complex questioning and diagnostic overshadowing. While some, like Sophie, can use the symptom checker independently, others need assistance. Ongoing work includes monitoring, workshops, and collaboration with Health Boards and third-sector organisations to provide up-to-date and accessible information about community transport options.

6.5 The Chair stressed the need for continuous improvements in accessibility and support for people with learning disabilities and praised Sophie for her advocacy and valuable feedback. Ceri Jackson emphasised the importance of patient feedback and improving the language used by the service. Liam Williams highlighted the ongoing transformation within clinical contact centres, focusing on clinical workforce training and education to improve remote consultations. Liam also reported the potential of virtual agents and symptom checker updates to enhance sensitivity for patients with learning disabilities. The Chair concluded by emphasising the significance and impact of patient stories in guiding service development improvement.

The Committee RESOLVED to: The Committee received Sophie's story.

6.1 PATIENT STORY UPDATES

6.1.1 The Chair expressed her gratitude to Lucie Jones for presenting Dylan's impactful story at the previous meeting, it was presented powerfully and sensitively; emphasising the positive impact of Lucie's relationship with Dylan's parents and their wish for Dylan's story to be used for ongoing learning and improvement.

6.1.2 Wendy Herbert echoed Bethan's comments, acknowledging the strong relationship Lucie has built with this family who are experiencing loss and grief. Liam Williams reported on the development of an all-Wales Sepsis leaflet, resulting from work with Dylan's family, which is expected to become a standard product.

The Committee RESOLVED to: The Committee received the patient story update regarding Dylan Cope and were assured by the outcomes.

7. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

7.1 Hugh Bennett advised that the MIQPR report had already been reviewed by the Trust Board and the Finance and Performance Committee. Hugh pointed out that paragraph 2 specifies the relevant indicators for the Committee, but the full report provides broader context, including system pressures and handover issues. Hugh highlighted that the average response time for concerns exceeded the target at 88%, compared to a two-year average of 57%. Hugh added that while there are encouraging signs from transformation efforts and system improvements, it is too early to adjust risk scores for patient harm, and sustained improvement is needed, especially through winter.

7.2 Ceri Jackson enquired about the independent review of the 111 call handler rostering, seeking details on timelines, progress and the review's impact given the seven month duration. Hugh Bennett explained that an interim report has been shared with the Commissioner and will be discussed at an upcoming Joint Commissioning Committee Board Development Session. The review indicated that improved roster patterns are feasible and would benefit both staff and performance, but additional staffing is required to meet demand and that decisions on staffing or performance levels rest with the Commissioners. The next stage involves detailed staff engagement on preferred roster patterns, with positive responses and Trade Union support. Roster changes are planned for Q4, after winter pressures, to avoid disruption.

7.3 Lee Brooks explained that the ongoing rostering work is complicated by the need to transition from the current tool, Shift Track, to GRS cloud within the financial year, as Shift Track will no longer be supported. This transition coincides with a third party review of rostering practices, adding complexity for the team. Liam Williams agreed with Lee, expressing confidence in the strategic direction and understanding from Commissioners and emphasised that any Commissioner wanting to reduce service quality would need an Assessment of Quality Impact Assessment (AQIA) to evidence the decision and its impact. Liam doubted that an AQIA would support reducing 111 cover due to the likely negative impact on system utilisation, reinforcing that both strategic direction and the AQIA process protect service quality.

7.4 Hugh Bennett clarified that the commissioned target for the 111 abandonment rate is not clearly defined, with no specific Welsh Government target, and it's unclear whether it should be measured hourly, daily, or monthly. Hugh indicated that hourly modelling gives better performance, but there needs to be clarification on what is being commissioned, as this is currently unclear. There were no further questions regarding the MIQPR.

The Committee RESOLVED to: The Committee considered the June 2025 Integrated Quality & Performance Report and actions being taken and agreed that:

1. **The report provides sufficient assurance;**
2. **No further information, scrutiny or assurance is required;**
3. **No further remedial actions are to be undertaken through Executives.**

8. REVISED PERFORMANCE UPDATE – PHASE 1

8.1 Jonathan Chippendale provided an update on the new ambulance performance metrics introduced from 01 July 2025. Key highlights as follows:

- Traditional RED priority calls are now split into "PURPLE" (cardiac or respiratory arrest) and emergency "RED" (immediately life-threatening), each with distinct performance metrics.
- An additional category, Return of Spontaneous Circulation (RCS0), has been introduced to include the remaining prioritisation codes from the previous RED priority incidents to give opportunity for a clinician to review the call to decide if the patient would benefit from further assessment or an immediate face-to-face response.
- The main measure for PURPLE calls is clinical indicators, especially ROSC, focusing on cardiac arrest recognition, time to CPR instructions and defibrillator availability.
- For RED calls, clinical indicators are being developed with Commissioners, including both generic and condition specific metrics. The first publication of these metrics is scheduled for August, with further indicators for RED to be published in October, including retrospective data from July.

8.2 Rhiannon Beaumont-Wood enquired about the evidence or literature review for selecting the new clinical indicators, emphasising the importance of using existing evidence. Jonathan explained that the selection was based on available data and alignment with established standards such as National Institute for Health and Care Excellence (NICE) and Resuscitation Council guidelines, confirming that the approach uses existing clinical standards and available information.

8.3 Hugh Bennett added that the literature review is retrospective and part of the evaluation process. Liam Williams explained that national standards and the International Academy's evidence base were applied, ensuring triangulation with UK standards. While a full literature review for every code set was not done, the approach is evidence based where possible; with ongoing learning expected. Liam emphasised the importance of strengthening clinical outcome data reporting and using patient feedback for continuous improvement. Jonathan clarified that generic indicators link to the chief complaint during the call and collect "condition codes" after clinical assessment to understand underlying causes.

8.4 Ceri Jackson asked about the equal prioritisation of red and purple calls and whether "WAST resource" includes volunteer responders. Jonathan explained that WAST resources include organised responders such as Community First Responders (CFRs), but not passing volunteers. Lee Brooks added that they monitor mobilisation times for both categories to ensure equal responses to RED and PURPLE calls. Hugh clarified that CFRs count toward the 6–8 minute response metric but not the 20 minute backup metric.

The Committee RESOLVED to: The Committee received assurance regarding the implementation of the Revised Performance Framework – Phase 1.

9. MINISTERIAL ADVISORY GROUP WAIT 45 TASKFORCE

9.1 Liam Willians explained that the Ministerial Advisory Group Wait 45 Taskforce is chaired by Jeremy Griffiths and includes full Welsh Government and NHS representation, with executive technical directors from Health Boards and the Welsh Ambulance Service involved. The group's focus is on achieving and sustaining 45 minute handover times, with an expectation to continue improving beyond that target. Maxine Power, a respected Quality Improvement professional, will lead workshops in each Health Board during August and September, focusing on system and pathway improvements to support the Wait 45 goal.

9.2 The approach emphasises whole system accountability, with metrics being developed to measure improvement and sustainability, including sharing predicted demand data to assess ongoing progress. Liam added that the current effort feels different from previous initiatives, with a stronger sense of shared purpose, mutual accountability, and executive oversight across organisations; which is contributing to tangible improvements. Liam observed that there is already some evidence of improvement, especially in pathway changes within hospitals, and expressed increased confidence in the process compared to past experiences.

9.3 The Chair expressed appreciation for Liam's update and enquired as to when tangible feedback or results from the group's work could be expected. Liam advised that a key meeting with the Cabinet Secretary is scheduled, where all workshop outcomes and improvement plans will be presented, and that the Committee can expect feedback at the next meeting following this session in November 2025.

9.4 Rhiannon Beaumont-Wood expressed how positive it is to see a system approach to this significant issue and asked if the group can help address barriers identified in the Wales audit report; specifically clinicians in Health Boards not accepting EMS paramedics bringing patients directly to the right

pathway. Based on her observations, Rhiannon emphasised that improvements should cover all entry points, and not just A&E, to ensure patients flow through the right pathways, referencing a recent visit where delays occurred in the emergency assessment unit despite apparent available beds.

9.5 Ceri Jackson offered to discuss the Ministerial Advisory Group (MAG) and handover progress at the Vice Chairs meeting. Liam Williams supported this but will first check with the Taskforce due to political sensitivities. Ceri agreed and will follow Liam's guidance on timing.

The Committee RESOLVED that: The Committee were assured by the update received from the Executive Director of Quality and Nursing regarding the progress of the Ministerial Advisory Group Wait 45 Taskforce.

10.1 PUTTING THINGS RIGHT Q1 2025/26

10.1.1 Lucie Jones summarised key points from the PTR quarterly report:

- There has been a sustained increase in concerns related to patient waits and delayed responses in emergency services.
- 52% of concerns are linked to ambulance care services, particularly short term cancellations, and challenges remain in providing timely responses, which the recovery plan aims to address.
- The emotional impact on families and patients is significant, leading to more contact with MPs, the Cabinet Secretary and the Ombudsman.
- Seven learning from events reports are overdue, but improvements are underway to prevent this in the future.
- Positive developments include a regional integrated intelligence review for better data collection and analysis, and improved relationships with coroners to reduce Schedule 5 risks.
- All actions from a previous Public Services Ombudsman report have been completed, and new processes have been introduced for high risk overdose markers, resulting in no adverse incidents since implementation.
- Work is ongoing to address concerns about NHS 111 changes related to patient gender questions, and proactive sharing of safety information about equipment has led to immediate risk assessments in the clinical directorate.

10.1.2 Ceri Jackson thanked Lucie for the summary and report and acknowledged the colleagues hard work. Ceri enquired about Schedule 5 notifications and a cluster of significant patient safety incidents. Wendy Herbert explained that Schedule 5 notices from coroners are new and mainly from one coroner in the southeast, with recent decreases in coroner activity making it manageable. The cluster of incidents is regional, with early findings showing themes such

as education and safeguarding, but nothing unusual compared to other Health Boards.

10.1.3 The Chair highlighted the high and concerning numbers in the report, emphasising external risks. Rhiannon Beaumont-Wood echoed concerns about the need for transformational action and asked about influencing regional coroner practices and the seriousness of safeguarding concerns. Wendy Herbert explained that the cluster involved several incidents, with early analysis showing no immediate need for intervention. Liam Williams clarified that the review was initiated due to several issues arising in a short period, emphasising the importance of improving data flow. Wendy added that the review process was collaborative.

10.1.4 The Chair also highlighted the rise in ambulance care cancellations linked to Non-Emergency Patient Transport Services (NEPTS) capacity pressures. Lee Brooks explained the challenges and possible options being prepared for Commissioners. The Chair asked about compliance with the Duty of Candour initial letters; Wendy advised that it was a minor issue. The Chair referred to the complaints related to attitude and behaviour, Liam described initiatives to improve communication and values.

10.1.5 The Chair reported that there are improvements to be made to the framework for recording and reporting of near miss incidents, and that consequently only limited assurance can be given at this time on the robustness of those arrangements. Liam added that near miss reporting is still developing and needs further work, the Chair agreed to provide an assurance report to the Audit Risk and Assurance Committee regarding near misses and low harm incident reporting.

10.1.6 The outcomes of the discussion included acknowledgment of the ongoing challenges with increased patient concerns, especially around ambulance care cancellations and delays. The Committee noted improvements in internal assurance processes and data analysis, actions taken to address overdue learning from events, and proactive steps to strengthen relationships with coroners to reduce Schedule 5 notifications. Safeguarding clusters were being reviewed with integrated data analysis, and assurance was provided that no immediate interventions were needed. The Committee agreed the report had been received and discussed, and that assurance requirements had been met, with continued emphasis on transparency and improvement in complaint handling.

The Committee RESOLVED to:

1. **The Committee received the report for discussion.**
2. **The Committee addressed assurance requirements.**
3. **The Committee assessed whether the current format and content of the report provides sufficient information and assurance on Low harm and Near-miss learning and improvement.**

10.2 PUTTING THINGS RIGHT AND LEGAL SERVICES PERFORMANCE ORGANISATIONAL RECOVERY PLAN

10.2.1 Liam Williams reported that the Putting Things Right Recovery Plan was developed collaboratively across Directorates to drive improvement, however achieving full assurance will be challenging due to the scale of work required. The plan was presented to Executive Leadership Team (ELT), who requested more detail on actions, timelines and improvement trajectories, with monthly updates to follow.

10.2.2 Jonathan Chippendale addressed ongoing data access issues and is preparing investment options to address these challenges.

10.2.3 Rhiannon Beaumont-Wood emphasised the importance of specifying "what by when" and raised the potential for AI in data interrogation. Liam Williams advised that priorities are based on achievability, with a focus on managing complexity and addressing serious incidents.

10.2.4 Jonny Sammut outlined five key areas to address for improving data and digital processes: enabling better self-serve reporting to eliminate manual "cottage industries," creating a central group, Digital Transformation and Innovation Programme (DTIP) for prioritising digital and data requests, advancing data sharing by working with the national data repository, improving interpretation and education around data variation, and focusing on data quality at source. Jonny emphasised these are prerequisites for effective AI use and that resource investment is needed to progress.

10.2.5 Ceri Jackson asked about ensuring protected capacity for the plan, Wendy Herbert confirmed the risk is being redrafted as part of the risk management approach.

10.2.6 The Chair summarised that the PTR recovery plan is a sobering read and, while she is assured by the commitment and hard work, she is apprehensive about the ability to deliver everything as outlined due to ongoing pressures and complexity. The Chair emphasised the need to continually review staff support, training and development, recognising that complexity is likely to increase, and urged ongoing attention to these areas. The Chair also

confirmed the committee's discussion and assurance requirements, emphasising the need for close monitoring and welcoming the monthly ELT meetings for oversight

10.2.7 Liam Williams acknowledged the Chair's caution, stating that the Executive Team shares this concern due to the scale of ongoing transformation and the move away from a protocol driven model to one requiring greater clinical judgment. Liam highlighted that this shift increases complexity and demands more robust governance, both organisationally and for individual clinicians. Liam also mentioned commissioning legal and risk reviews to ensure appropriate decision making as the organisation moves beyond traditional compliance structures.

The Committee RESOLVED to: The Committee noted the information and assurance provided in the Putting Things Right and Legal Services Performance Organisational Recovery Plan and advised on additional assurance requirements.

11. ANNUAL SAFEGUARDING REPORT 2024/25

11.1 Vicky Maxwell presented the Annual Safeguarding Report for 2024/25, highlighting the team's achievements and the organisation's commitment to safeguarding. The report showed a significant increase in safeguarding work, attributed to cultural improvements and encouragement to speak up. Despite the team's small size, they remain dedicated to excellent practice. The discussion covered various topics, including fire risk referrals, the impact of the "speaking up safely" agenda, and the increase in internal safeguarding allegations being reported. The importance of robust safeguarding procedures, effective partnership working and ongoing training was emphasised.

11.2 The Chair praised the Safeguarding Annual Report for its clarity and visual appeal, highlighting the strong collaborative work and effective safeguarding procedures. The Chair also expressed concern about variations in safeguarding report numbers across regions, Vicky explained the complexity of interpreting these numbers. Liam suggested using incident rates and demographics for better benchmarking and highlighted upcoming changes in safeguarding expectations. Lee Brooks addressed fire risk referrals, highlighting low numbers in North Wales and suggesting more efforts are needed, Vicky agreed, emphasising the importance of increasing fire risk referrals and innovative ways to encourage them.

11.3 Rhiannon Beaumont-Wood complimented the report and enquired about various safeguarding issues, Vicky responded with details on regional reviews and training plans. Liam Williams added that rising safeguarding allegations reflect increased reporting confidence and ongoing cultural change.

11.4 Ceri Jackson echoed praise for the report, emphasising the positive trend in reporting but raising concerns about capacity, Vicky confirmed efforts to improve reporting processes and manage workload impacts.

11.5 The Chair concluded by asking the committee to approve the report and note the increased demand on the safeguarding team.

The Committee RESOLVED to:

1. **The Committee approved the Annual Safeguarding Report 2024/25.**
2. **The Committee noted and considered the sustained increase in demand and the cumulative impact on the Safeguarding Team.**

12. ANNUAL INFECTION AND PREVENTION CONTROL REPORT 2024/25

12.1 This item was deferred.

13. CLINICAL AUDIT PLAN AND ACTION TRACKER Q1 (UPDATE) 2025/26

13.1 The Clinical Audit Plan and Action Tracker Q1 (Update) 2025/26 was presented by Jonathan Chippendale, who explained that the plan is dynamic and can be updated throughout the year to reflect new priorities or *ad hoc* audit requests. Of the audits indicated on the plan, three have been completed, four are progressing as planned, and six are yet to start, with some dependent on Electronic Patient Care Record (EPCR) user interface changes. Seventeen actions have arisen from completed audits, with ten completed, a few on track, and five delayed, with mitigation in place. Jonathan emphasised that audits can be commissioned by anyone in the organisation and are prioritised using a tool that considers links to Integrated Medium-Term Plan, Personal Learning and Development Plans and incident trends. The Chair pointed out a discrepancy in the reported audit numbers listed in the executive summary, Jonathan agreed to review and correct.

13.2 Rhiannon Beaumont-Wood raised questions about potential bias in audit selection and the effectiveness of disseminating findings, to which Jonathan advised that multiple communication channels are used and re-audits are built in to assess impact. In response to a question regarding resource continuity following staff changes, Jonathan advised that a new Head of Clinical Intelligence and Assurance is in post. Liam Williams added that future audit work will increasingly focus on areas of warranted variation and remote care, with improvements expected as data capabilities mature.

The Committee RESOLVED that: The Committee noted the Q1 2025-26 Clinical Audit Plan and Action Tracker update.

14. CLINICAL PLAN (PROOF OF CONCEPT/DRAFT) 2025-2023

14.1 The Clinical Plan progress update was presented by Jonathan Chippendale, who introduced a new, innovative approach for the 2025–2030 plan using an interactive, web-based platform featuring a fictitious family to illustrate patient journeys and service developments. The plan aims to make the clinical strategy more engaging and accessible, with multimedia elements such as podcasts and animations.

14.2 Members welcomed the concept. Jonny Sammut emphasised the need to clarify technical solutions, hosting and prioritisation, cautioning against overextending digital resources given current pressures. Rhiannon Beaumont-Wood highlighted the importance of early stakeholder engagement, alignment with the forthcoming organisational strategy and the potential for behavioural science to enhance user engagement. Ceri Jackson and Trish Mills both stressed the need for robust Equality Impact Assessment (EQIA), accessibility, and diverse representation in the family model, with Trish confirming that the EQIA would be integrated from the outset. Wendy Herbert enquired about involvement of new clinical nurse specialists; Jonathan confirmed their engagement in relevant content areas.

14.3 The Committee agreed that while the digital approach is promising, its implementation should be reviewed by the Executive Leadership Team for prioritisation, and the content could be reformatted if technical barriers arise.

The Committee RESOLVED that: The committee noted the Clinical Plan (Proof of Concept/Draft) 2025-2030.

15. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

15.1 Julie Boalch explained the revised approach to reporting the highest rated risks, 223 & 224, now separating what the Trust can directly manage from what it can only influence. The new format aligns risks with strategic objectives, includes draft risk appetite statements and maps controls and assurances against the three lines of assurance. Julie advised that detailed operational action plans exist at Directorate level, and the new structure should make it easier to identify gaps and escalate issues.

15.2 Next steps include developing internal and external scores to show the impact of actions and eventually scoring the effectiveness of controls and assurances. Julie also highlighted how recent Committee discussions on transformation, performance frameworks, complaints, safeguarding and the national Wait 45 Taskforce, all connect to these risks and their mitigations.

The Committee RESOLVED that: The Committee considered the contents of the report.

16. AUDIT TRACKER Q1 2025/26

16.1 Trish Mills explained that the audit tracker now uses only two revision dates to monitor completion of audit actions. Trish reported that 63% of internal audit actions due this quarter were closed, which she considered impressive given current pressures. Trish highlighted a few older actions, including those related to the Electronic Patient Care Record (EPCR), and added that Internal Audit are comfortable with the revised dates since responsibility recently shifted to the Director of Digital Services.

16.2 Regarding the Clinical Audit, the plan is to integrate outstanding actions into the new Clinical Plan, and the closure process may need to reflect this. Regarding external audits, 30% of actions due this quarter were closed, with many Welsh Risk Pool actions extended due to team pressures.

The Committee RESOLVED that:

1. **Received assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**
2. **Received assurance regarding revised dates applied to a high number of audit actions related to the Welsh Risk Pool Concerns Assessment 2024.**

16.1 INTERNAL AUDIT REPORT: START OF SHIFT PROCEDURE

16.1.1 The report was received.

The Committee RESOLVED that: With the onward receipt of the Start of Shift Procedure Internal Audit Report, the Committee were assured of the outcome of the audit and noted the discussion at the meeting of the Audit Risk and Assurance Committee 24 June 2025.

16.2 INTERNAL AUDIT REPORT: EMERGENCY COMMUNICATION NURSE SYSTEM (ECNS) IMPLEMENTATION

16.2.1 The report was received.

The Committee RESOLVED that: With the onward receipt of the Emergency Nurse Communication System Intern Audit Report, the Committee were assured from the outcome of the audit and noted the discussions at both the Audit Risk and Assurance Committee on 24 June 2025 and the Finance and Performance Committee on 21 July 2025.

It was noted that the Committee were content with the Finance and Performance Committee monitoring the actions in relation to these audits.

17. AUDIT WALES URGENT AND EMERGENCY CARE REPORT ARRANGEMENTS FOR MANAGING DEMAND

The Audit Wales Urgent and Emergency Care Report Arrangements for managing Demand was received for information.

18. COMMITTEE CYCLES OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES

The Committee Cycle of Business Monitoring Report and Priorities update was received for information.

19. KEY MESSAGES FOR THE BOARD

19.1 The link between the Ministerial Advisory Group WAIT 45 Task Force and the Vice Chairs meeting was highlighted, with Ceri Jackson set to discuss this and Liam Williams. Updates on progress are expected at the next QuEST meeting.

19.2 The Chair will provide an assurance report to ARAC regarding near miss and low harm intelligence reporting, as has been agreed to be required on an annual basis.

19.3 The Board should note that Executive Leadership Team will receive monthly updates on the PTR Recovery Plan, which was welcomed for assurance.

19.4 The Safeguarding Annual Report was approved.

19.5 The Executive Leadership Team will review prioritisation of digital teamwork related to the Clinical Plan, due to multiple pressures and asks.

20. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

20.1 Members' reflections included that the lighter agenda allowed for deeper focus on the Putting Things Right Report and the associated Recovery Plan, enabling more probing and challenging questions from Non-Executive Directors and robust scrutiny and assurance. Members praised the quality of reports, presentations and the strong Chairing was noted. Members' appreciated the transparency and early sight of strategic work, and acknowledged the significant risks being managed by the Trust.

21. ANY OTHER BUSINESS

21.1 None declared.

22. DATE OF THE NEXT MEETING

22.1 The next meeting is scheduled for 04 November 2025.

The meeting concluded at 14:25