

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (QUEST) ANNUAL REPORT 2025/26

INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.
4. The committee met on the 4 November 2025 and 3 February 2026, and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

PURPOSE OF THE COMMITTEE

- The committee is established to scrutinise improvements in outcomes in quality, patient experience, effectiveness, and safety to reduce incidences of avoidable harm. It provides oversight of and seeks assurance on statutory and regulatory compliance, including but not limited to the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

MEMBERSHIP AND ATTENDANCE

- The committee met six times in 2025/26 and was quorate on each occasion. Of the six meetings this year two were extraordinary (13 June and 10 October) and were convened to transact urgent matters of business related to the Clinical Model Transformation Programme.
- The committee is supported by the Chair and two Non-Executive Directors as members, and a number of prescribed attendees. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

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

9. As can be seen above attendance is excellent. No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

10. The committee undertook a light effectiveness review on 4 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
- Are there any changes you wish to see to the terms of reference?
 - Are there any changes you would like to see to the committee's membership?
 - What works well in this committee?
 - What improvements would you recommend?
12. The feedback from the committee included that 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.
13. 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 Quality Management System as a whole, including quality planning, control, and improvement; not just assurance.

14. The terms of reference are viewed as suitable and were endorsed by the committee on 4 November, subject to changes which transfer responsibility for value based healthcare from the Finance and Performance Committee. These matters are reflected in the cycle of business for the committee for 2026/27.

Management of the committee's work programme

15. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the committee and in this respect, it has discharged its responsibilities in providing assurance to the Board. The revised cycle of business for the committee was reviewed at the meeting on the 3 February 2026.

16. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.

17. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.

18. Rather than set out in this report the substantial detail of the work of the committee in 2025/26, the AAA reports for all six meetings are linked below.

- 18.1. [AAA: 9 May 2025](#)
- 18.2. [AAA: 13 June 2025](#) (extraordinary meeting)
- 18.3. [AAA: 5 August 2025](#)
- 18.4. [AAA: 10 October 2025](#) (extraordinary meeting)
- 18.5. [AAA: 4 November 2025](#)
- 18.6. [AAA: 3 February 2026](#)

19. The committee is not currently serviced by any sub-committees.

20. The private business received in year included receipt of closed risk management discussions.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

21. There is only one material change to the terms of reference and that is the inclusion of the 'receipt of assurance on the delivery of core aims in relation to delivering value and development of value based healthcare in an out of hospital setting', transferred from the Finance and Performance Committee. This was endorsed by the committee on 4 November and will be approved by the board on 29 January.
22. Proposed changes to operating arrangements for this committee set out below were agreed on 4 November:
 - 22.1. Committee to consider how to focus business in relation to quality management systems, given the existing provision of the terms of reference (3.6). It was agreed to be for the Executive Director of Quality and Nursing to take account of this for future committee reporting.
 - 22.2. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.
 - 22.3. To encourage the use of dashboard reporting where possible, and for the use of presentations to be proportionate. The recently published report and presentation guidance will support this approach.
 - 22.4. To encourage a focus on outcomes and achievement of deliverables, where organisational plans are agreed.
 - 22.5. To hold discussions in 2026/27 on the committee specific metrics following the revision of the MIQPR and consider the onward committee reporting.

COMMITTEE PRIORITIES

Priorities for 2025/26

23. The committee received an update on progress against its priorities at each meeting. The 2025/6 priorities were:

Priority	Progress
<ul style="list-style-type: none"> Continued monitoring and reporting on performance against the Duty of Quality and Duty of Candour 	<ul style="list-style-type: none"> The committee receives the PTR report at each meeting with focused discussion on the metrics that demonstrate how the Trust meets its statutory duties. At the August and November 2025, and February 2026 meetings, the Putting Things Right (PTR) recovery plan was reviewed. At the February 2026 meeting the quarter three Putting Things Right (PTR) report was received at this meeting. The committee noted that despite significant additional resources, improvement has not been achieved, and performance has deteriorated for some indicators. Further context to this report is in the associated AAA. The Duty of Quality Annual Report 2024/25 was received by the committee at its meeting on 13 June 2025 and was approved by the Trust Board on 26 June 2025 for publication. Future updates on the implementation of the Duty of Candour and Duty of Quality will be programmed as required, informed by the prompts on the Cyle of Business.
<ul style="list-style-type: none"> Prioritising the implementation of the new Strategic Quality Plan to ensure tangible outcomes 	<ul style="list-style-type: none"> The committee received the Strategic Quality Plan 2025-28 Quarterly Update at the meeting on 3 February 2026. Members will be asked to note the key risks, dependencies and capacity constraints impacting delivery, and the mitigating actions in place. The committee endorsed continued quarterly assurance reporting and welcomed a move toward outcome-based measures as the plan matures.

	<ul style="list-style-type: none"> The committee received a progress update against the delivery of the Strategic Quality Plan 2025/28 at the November 2025 meeting. This followed the receipt of the Strategic Quality Plan 2025-2028 by the Committee at its meeting on 09 May 2025, which was approved by the Trust Board approved the plan on 29 May 2025.
<ul style="list-style-type: none"> Focus on the Clinical Model Transformation, ensuring robust quality assurance and patient experience improvements 	<ul style="list-style-type: none"> The committee held an extraordinary meeting in October 2025 to review and endorse the Quality Impact Assessment and Equality Impact Assessment for the phase two go-live of the revised Ambulance Performance Framework (APF), ahead of the extraordinary Trust Board meeting to approve the go-live of phase two APF The committee continues to monitor progress through regular updates and highlight reports; scrutiny of evaluation findings and interim reports; and assurance that the transformation aligns with statutory duties and strategic goals. Verbal updates on the Ministerial Advisory Group Wait-45 Taskforce and Revised Performance Framework were provided at the August 2025 and February 2026 meetings. This activity is not a part of the Clinical Model Transformation; however, it is often discussed in relation to this organisational change.