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University NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

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

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

Trust Board Meeting Date	26 March 2026
Committee Meeting Date	3 February 2026
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **Q3 Putting Things Right (PTR)** report was received at this meeting noting that despite significant 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. 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.
2. Members expressed disappointment that the **PTR and Legal Services Performance Organisational Recovery Plan** was not available for review and were not assured that formal trajectories for improvement have been identified. The committee requested that, once the plan is reviewed by the Executive Leadership Team (ELT) on 18 February, that the recovery plan be circulated to members, rather than waiting for the next scheduled meeting.
3. Notwithstanding the limited assurance the committee received on PTR recovery, they did acknowledge that where concerns were investigated and closed that learning was being applied and that the team's support for families affected was very much evident. Members also noted that there had been a further increase in new complaints and incidents resulting from increased delays in responding. Members thanked the teams for continuing to do this in difficult circumstances.
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



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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.

ADVISE

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

5. 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.
6. Members welcomed the new **Healthcare Inspectorate Wales (HIW)** engagement process, noted the upcoming local review by HIW, and the completion of a self-assessment and evidence request. The committee will receive an update on the review as it progresses.
7. **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. Concerns were raised about whether Release to Respond will 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.
8. The Committee received the **Operational Update for Q3 2025/26**, and members discussed:
 - Phase 2 of the ambulance performance framework has been implemented, and operational pressures remain high.
 - Handover delays persist, and to provide context at the time of the meeting the longest exceeded 18 hours.
 - Rural and urban equity issues were discussed, with initiatives underway to improve resource allocation.



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- Alternative dispatch framework is under review, with focus on patient safety and staff wellbeing.
 - Incident reporting backlog (Datix) is being addressed, however real-time learning other than of critical incidents remains a challenge.
9. 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. Members also expressed appreciation for the openness of contributors and the strength of scrutiny applied throughout. The committee recorded thanks to Rhiannon Beaumont-Wood for her contribution as she attended her final committee meeting before leaving the board.
10. The committee **met briefly in private** to receive a confidential risk report with nothing to escalate to the board at this stage.

ASSURE

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

11. 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 ambulance performance framework. 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. The committee also 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 Clinical Model Transformation Programme.
12. 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 programme is developing a benefits realisation workstream to analyse emerging process data and identify opportunities to improve end to end patient times for key groups, including stroke, STEMI and fallers. The committee will see this as part of its cycle of business in 2026/27. 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. 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 clinical model transformation, with the expectation that performance indicators will demonstrate improvement over time.



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13. Partial assurance was provided on the **Strategic Quality Plan Implementation Update**, with concerns expressed on deferring activity toward the latter stages of the plan and the delivery risk that poses. Areas being reassessed for approach and delivery include population health, care experienced young people, and value-based healthcare objectives. Challenges with implementation were attributed to ongoing capability and capacity issues resulting from the significant clinical model changes adopted across the organisation over the last year. Members noted that resourcing and prioritisation of the digital and data plan remains a challenge given the team's current focus on the CMT programme. Positively, the plan highlighted progress on a range of indicators and it was noted is now being reshaped to embed quality and improvement within core business, with a midpoint review scheduled to confirm deliverability. Engagement activity continues through multiple channels, with Siren now acting as the central access point for resources. The committee endorsed continued quarterly assurance reporting and welcomed a move toward outcome based measures as the plan matures.
14. The committee received the **Infection Prevention and Control (IPC) Annual Report 2024/25** as well as an update outlining recent progress and future plans. This including the move to a specialist IPC team and improved collaboration across IPC, fleet, estates and operations, which was welcomed. Key work continues on strengthening training, revising cleaning standards, and ensuring all emergency vehicles are equipped with appropriate PPE and respiratory protective equipment. The committee requested clearer comparative data in future reports, including audit coverage and fleet context, and sought assurance on preparedness for future infectious disease outbreaks. It was confirmed that guidance reviews are under way and that all vehicles are now fully equipped for IPC requirements. The committee raised concern about the high level of non-submission of hand hygiene action plans and asked for strengthened escalation and governance arrangements. Members agreed that further assurance will be provided through the annual quality report and a future update once national guidance and assurance frameworks are issued. The Chair noted specifically that she is looking for clear evidence that the organisation is now seeing the impact of actions that have been recognised as necessary for some time.
15. The **Clinical Audit Plan 2026/27** was approved, and the tracker update for Q3 2025/26 was received with no escalations.
16. The **Clinical Equipment Internal Audit** was received. This was a reasonable assurance rated audit that had been scrutinised by the Audit, Risk and Assurance Committee in December. Members will continue to track progress of actions to mitigate risks identified in the audit.
17. The committee approved its **Annual Report and cycle of business** aligned to refreshed terms of reference for 2026/27, noting that assurance reporting for value based healthcare, IPC, mental health and dementia is to be determined.
18. An update was received on the **Audit tracker (internal audit, external audit/reports)**. Whilst there were actions that has revised dates, there was good closure of both internal and external audit risks. The committee will continue to monitor progress, particularly on the Welsh Risk Pool Concerns Assessment actions.



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RISKS

Risks Discussed:

This committee has oversight of two of the Trust's high scoring risks – those being **risks 223**: the Trust's inability to reach patients in the community causing patient harm and death and **risk 224**: significant handover delays outside A&E departments impacts on access to definitive care being delayed.

The board discussed these risks at its meeting the week before this committee meeting, and in particular the rationale for risk 223 reducing to a score of 20 but not risk 224. Members at board noted, as did committee members, that the reduction in handover delays – albeit not consistent across the country – has a fairly immediate effect on risk 223, whereas the patient safety knock-on effect of risk 224 will take more time to take effect and for the Trust to see any resulting reduction in patient harm. Notwithstanding this, both risks are reviewed monthly and further changes will continue to be reviewed closely by this committee and the board.

New Risks Identified:

- Staff capacity and immense pressures directly affecting the ability to deliver on some key areas of this committee's remit ran through much of this meeting.
- A risk related to PTR is in development, with the committee discussing the incorporation of compliance with regulations to that or to a separate risk.

COMMITTEE AGENDA FOR MEETING

Patient experience	Ministerial Advisory Group W45 Taskforce update	Operations directorate Q3 report
PTR report Q3 and Recovery Plan update	MIQPR	IPC report 2024/25 and improvement plan
EMERG Clinical Indicators	Clinical equipment internal audit	Strategic Quality Plan implementation plan progress
Clinical audit plan 2026/27 and Q3 tracker	HIW new NHS Wales engagement process	Risk management and BAF
Audit tracker Q3	Committee annual report and cycle of business 2026/27	Cycle of business and monitoring report

COMMITTEE ATTENDANCE

NAME	9 MAY 2025	13 JUN 2025 ¹	5 AUG 2025	10 OCT 2025 ²	4 NOV 2025	3 FEB 2026
Bethan Evans (Chair)						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Liam Williams						
Andy Swinburn			Jonathan Chippendale			

¹ Extraordinary meeting

² Extraordinary meeting



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NAME	9 MAY 2025	13 JUN 2025 ¹	5 AUG 2025	10 OCT 2025 ²	4 NOV 2025	3 FEB 2026
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