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	24 September 2026
Committee Meeting Date	06 August 2026
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There were no alerts received.

ADVISE

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

2. **Members heard from Anna Jenkins, regarding the experience of her neighbour, Mario Jolazza**, following a stroke, in early December 2025 during which the wait time for an emergency ambulance was approximately 2 hours. Anna reflected on the contrast between services, describing the ambulance response as inflexible and highly scripted, which limited effective communication, while the fire service acted quickly.

   The committee received assurance that patient and family lived experiences continue to be used as a key source of organisational intelligence, complementing traditional performance metrics and is informing service improvement. Learning arising from this case is informing the call to door programme's work on delays for time-critical patients, including those presenting with stroke and for STEMI patients.

   Members discussed arrangements and challenged whether mitigations in place were sufficient to reduce the risks associated with delayed responses, particularly where self-conveyance is not feasible particularly in rural areas and sought assurance regarding the mitigations in place to reduce risks associated with delayed responses. Assurance was provided that a range of improvement initiatives are underway to improve early identification, clinical prioritisation, operational performance and patient outcomes.

The committee considered the use of ambulance estimated time of arrivals (ETA) information and the challenges faced by rural communities. Members noted that the Joint Commissioning Committee (JCC) continues to maintain oversight of rural urgent and emergency care, with further emergency care and further engagement planned to better understand community experiences, and expectations regarding emergency care responses. Members thanked Anna and Mario for allowing us to hear their experience.

3. Members noted the significant breadth and scale of **operational delivery in Q1**, including a strengthened focus on listening to people and improving the early resolution of concerns and complaints. The committee also recognised the value of patient and family lived experience as a source of organisational intelligence to inform learning and service improvement. Progress was noted in relation to compliance with ECNS and CPSS audit programmes, development of the National Operations Coordination Centre (NOCC), development of the Welsh Language Clinical Consultations Plan, falls response arrangements and winter planning, implementation of the Handover 45 programme, gap analysis against the national risk register (EPRR), and the reduction of outstanding Datix investigations.

4. **Members reflected** positively on the continued development and maturity of committee business, noting stronger alignment between strategic priorities, intended outcomes and the assurance received. The committee also noted the ongoing impact of workforce, digital, data and analytical capacity constraints on delivery, recognising these as common themes across several agenda items. Despite these challenges and the scale of organisational change underway, members acknowledged the commitment of staff and the organisation's continued delivery of high-quality patient care. The committee further welcomed the openness and transparency reflected in reports and discussions, recognising the importance of maintaining a balanced approach that highlights both achievements and areas requiring further improvement.

ASSURE

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

5. Members received the integrated **Concerns, Patient Safety and Legal Services Report** and noted a partial assurance position. While improvements were reported in Learning from Events reporting, Duty of Candour compliance and overdue investigations, members noted ongoing challenges within complaints management, with increased volumes and overdue complaints following implementation of revised national guidance. The committee was assured that recovery plans were in place and that work continued to strengthen performance, reporting and organisational learning to support sustainable improvement.

6. Related to the above, the **Concerns Management Improvement Programme Progress Report** showed that, whilst progress had been achieved through the recovery programme and implementation of Listening to People Regulations, sustainable recovery had not yet been achieved and delivery remained fragile. Non-Executive Directors sought assurance on the trajectory for improvement and the likely pace of recovery and were advised that recovery activity remained a significant priority for the Strategic Transformation Board, into which this programme reports, and

was subject to regular scrutiny with Executive Directors actively driving early and sustained improvement.

7. The committee received the first iteration of the revised **Monthly Integrated Performance Report** (MIQPR) for QuEST, which brings together the board-level dashboard and committee-specific quality and patient safety metrics. Members welcomed the inclusion of additional measures relating to quality, safety and patient experience, whilst recognising that further refinement may be required as reporting arrangements mature. Discussion considered whether the report provides sufficient visibility of quality outcomes across all services, particularly NHS 111 and NEPTS, and emphasised the importance of ensuring the dashboard supports effective scrutiny rather than expanding the volume of information reported. NHS 111 patient experience data were reviewed, with members noting relatively low satisfaction levels but also recognising the limitations of the small survey sample size. The committee highlighted the need to better understand the drivers of patient dissatisfaction and agreed that NHS 111 should remain under consideration for a future deep dive once more robust data are available, while maintaining focus on the planned review of patient waiting times. Members also discussed how improvements relating to stroke and myocardial infarction pathways would be tracked, noting that emerging workstreams will include expected benefits and improvement trajectories to support future oversight. Overall, assurance was received from the report, with continued development of outcome measures, particularly for non-EMS services, identified as an area for ongoing improvement.

8. The **Strategic Quality Plan 2025/28** midpoint review was received, and members acknowledged that revisions to the implementation plan had improved deliverability whilst maintaining the original strategic ambition and intent. This reflected the increasing maturity of the Trust's quality management arrangements, with a stronger focus on measurable quality outcomes, benefits realisation, accountability and alignment with statutory and regulatory requirements. Members were advised that risks associated with consolidation and discontinuation of actions had been considered, with resources refocused on areas of greatest impact. Members were assured on governance oversight arrangements and that the implementation plan would remain under active review to ensure resources were focused on areas of greatest impact and to respond to emerging risks, changing priorities and organisational capacity.

9. The committee received an update on delivery of the **Clinical Audit Plan for Quarter 1**, including activity carried forward from Quarter 4 of the previous year. Members noted good progress across a range of audits, including work relating to trauma in older adults, open fractures and co-amoxiclav use, alongside significant additional activity undertaken in response to organisational priorities, intelligence requests and developments associated with the new clinical model. The committee was assured that the audit programme remains sufficiently flexible to respond to emerging risks, incidents and clinician-led proposals, whilst recognising some dependency on the Electronic Patient Clinical Record (ePCR) refresh for completion of certain audits. Members welcomed the successful recruitment to strengthen audit capacity and noted that no areas currently require escalation. Assurance was received that the Clinical Audit Plan is progressing broadly as intended, remains responsive to emerging priorities, and that findings from previous audits continue to be monitored and acted upon.

10. Members received an update on delivery of the **2026/27 Infection Prevention and Control (IPC) Work Plan** and were assured that good progress is being made across governance, policy development, audit arrangements and decontamination activities. Members noted the completion of a policy mapping exercise, strengthened governance arrangements through the IPC Strategic Group and the development

of an overarching IPC Strategy. Risks relating to infrastructure limitations, workforce and training capacity, and the absence of funded mobile resource decontamination units were highlighted; however, members were assured that mitigating actions were in place and that the programme continued to demonstrate reasonable assurance and progress against delivery objectives. Further work on more regular metrics coming through the MIQPR will be progressed by Q4.

11. The new **Healthcare Inspectorate Wales Engagement Process** was received, and members were assured that the Trust's existing governance arrangements broadly align with the framework's requirements.

12. The **Q1 Audit Tracker** report focused on high priority actions or actions from limited assurance audits that were on their final revised date. One outstanding high-priority internal audit action relating to clinical equipment was highlighted with progress being made towards implementation and to manage the associated risk. No escalations are required to the board. Members received assurance from Audit Risk and Assurance Committee that all findings arising from the **CPAS Internal Audit** had been accepted and appropriate management actions agreed.

13. The **Cycle of Business** monitoring report was received and proposed amendments discussed including incorporation of the Mental Health, Safeguarding and Infection Prevention and Control annual reports within the Annual Quality Report, changes to committee level metrics reporting, and the transfer of oversight of the Patient Harm Intelligence Dashboard from Trust Board to committee. Members supported opportunities to streamline reporting and reduce duplication whilst maintaining robust oversight of patient safety outcomes, noting further work undertaken to review patient harm indicators ahead of the next meeting, and ensure the most meaningful measures are reflected within the MIQPR and wider assurance framework.

RISKS

Risks Discussed:

The committee reviewed the most recent risk report on **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).

Whilst Risk 223 had increased in score from 20 (4x5) to 25 (5x5) members were assured that the risk and score is subject to regular scrutiny through the Operations Senior Leadership Team using data and logging rationale. While recognising ongoing initiatives to mitigate impacts of extended handover, including implementation of the Handover 45 programme, members noted that sustained improvement had not yet been demonstrated and that significant capacity continues to be lost through handover delays. The principal drivers of this risk are system-wide patient flow challenges extending beyond the direct control of the Trust.

Risk 224 remains static in score at 25. Whilst improvement activity is underway, the impact on patient harm outcomes is subject to a longer reporting lag and therefore the current risk score remains appropriate pending evidence of sustained improvement over time.

New Risks Identified: Members noted that several new risks are navigating Trust governance within this reporting cycle which will be considered by the Executive Leadership Team on 12 August 2026. These include:
Risk 700 – Listening to People Regulations, proposed score of 16 (4x4)
Risk 706 – Pandemic Response, proposed score of 15 (3x5); and
Risk 708 – Access to Property, proposed score 20 (5x4).

COMMITTEE AGENDA FOR MEETING		
Patient experience of Anna Jenkins	Operations directorate Q1 report	Strategic Quality Plan 2025/28 mid-point review
Concerns, Patient Safety and Legal Services report April – May 2026	Concerns management improvement programme progress report	MIQPR
Clinical Audit Plan update Q1 26/27	Infection Prevention and Control (IPC) work plan update	New NHS Wales Engagement Process
Risk management and BAF	Audit tracker	Cycle of business monitoring report

COMMITTEE ATTENDANCE				
NAME	**07 May 2026**	**06 August 2026**	**05 November 2026**	**04 February 2026**
Bethan Evans (Chair)				
Ceri Jackson				
Dr Umar Ahmad				
Liam Williams	Penny Durrant			
Andy Swinburn		Jonathan Chippendale		
Penny Durrant[1]				
Lee Brooks				
Rachel Marsh				
Trish Mills				
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Penny Durrant, interim Director of Nursing, member since July 2026