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

WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
UNCONFIRMED MINUTES OF THE PUBLIC SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY (QuEST) COMMITTEE HELD ON 7 MAY 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
Dr Umar Ahmad	Non-Executive Director
Lee Brooks	Executive Director of Operations
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Mark Marsden	Trade Union Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine

IN ATTENDANCE:

Claire Appleton	Head of Putting Things Right *(left after Item 8)*
Kate Blackmore	Assistant Director of Quality Governance
Jonathan Chippendale	Assistant Director of Clinical Development
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Sarah Harland	Corporate Governance Officer
Leanne Hawker	Head of Patient Experience & Community Involvement
Huw Jackson	Head of Medicines Management *(Item 16)*
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:

Henry Garrard	Trade Union Partner
Hugh Parry	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

OBSERVING:

AnnaMaria Williams	Corporate Governance Officer

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 The Chair extended a warm welcome to Dr Umar Ahmad, newly appointed non-executive director. Apologies were received as set out above. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 Dr Umar Ahmad advised that his declarations of interest had been submitted too late for inclusion within the papers, and confirmed they will be updated and reflected in the papers for the next meeting.

3. MINUTES OF PREVIOUS MEETING 3 FEBRUARY 2026

3.1 The minutes of the public meeting held on 3 February 2026 were approved.

4. ACTION LOG AND MATTERS ARISING

4.1 The action log was reviewed and discussed, with updates added to the log.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. STAFF EXPERIENCE: MR MIKE SENIOR – COMMUNITY FIRST RESPONDER

5.1 Leanne Hawker presented the staff experience item, which focussed on Mr Mike Senior, a Community First Responder (CFR), who described the use of video consultation technology to support the remote clinical assessment of a young child. Members noted that the use of video enabled the Clinical Support Desk clinician to visually assess the patient, provided reassurance to the patient's family and enhanced the responder's confidence in the care being delivered.

5.2 Members welcomed this example as a positive demonstration of innovation, compassionate care and effective use of digital technology. Members recognised the potential value of video consultation in improving patient and family reassurance, supporting responders and clinicians, and enhancing patient experience, particularly for certain presentations and patient groups.

5.3 Members reviewed the broader adoption of video consultations, expressing concerns about possible effects on call duration and efficiency if implemented widely. Members emphasised the need to balance clinical benefits with accessibility, digital inclusion, patient dignity and data security. Current use is low, likely due to cultural factors rather than technical ones. Video consultations may be especially useful in areas such as paediatrics, stroke assessment and mental health.

5.4 Members agreed that while the discussion was valuable, the strategic consideration of a "video-first" approach and the wider operational implications, should be taken forward as an action for the Executive Leadership Team (ELT) to discuss, rather than being progressed through QuEST.

The committee noted Mr Senior's experience.

5.1 PATIENT EXPERIENCE UPDATES – MR ROY DAVIES

5.1 The committee received an update on progress arising from the previous patient experience relating to Mr Roy Davies. Members noted that actions identified following the original discussion, had been progressed and that improvement activity was underway. Members were assured that learning from the patient experience had translated into meaningful action.

The committee noted the update from the previous patient experience, Mr Roy Davies.

6. OPERATIONS DIRECTORATE QUARTERLY REPORT Q4 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.

6.1 Lee Brooks presented an overview the Operations Directorate Q4 report, outlining key operational developments, ongoing performance pressures and improvement activity. Lee reported a Directorate restructure from five to four Assistant Director portfolios, and noted interim capacity pressures pending the appointment of the Deputy Director in July, after which the report structure would be reviewed.

6.2 Progress against the Putting Things Right (PTR) recovery plan was highlighted, including a reduction in overdue matters and improved operational oversight, alongside confirmation that the Medical Priority Dispatch System (MPDS) accreditation had been maintained and re-accreditation work had commenced.

6.3 Updates included video consultations, the Falls Desk trial (with ongoing Welsh Government support), new Remote Integrated Care Services, and improved SMS patient communications. Challenges remain, such as hospital access issues, delays for Section 136 patients and Datix investigation backlogs.

6.4 Members welcomed the report's positive developments, including reduced Datix backlogs and successful outcomes from the Falls Desk. Members raised concerns about growing financial pressures and uncertainty in short-term funding, asking if QuEST could help address delays. Lee assured that efforts are ongoing to improve benefit evidence and national engagement, but noted future funding remains outside the Trust's direct control.

6.5 Rachel Marsh stressed the need to demonstrate the benefits of Clinical Model Transformation (CMT) and noted ongoing efforts to improve evidence for Welsh Government. Rachel reported active collaboration with national programmes and commissioners, highlighting successful evaluations such as the Falls Desk. Members agreed the Falls Desk consistently delivers patient benefit, and recognised that strong evidence and evaluation remain essential for future funding and sustainability.

The committee received the Operations Directorate Q4 Report 2025/26 and welcomed the progress and improvements described.

7.1 PUTTING THINGS RIGHT REPORT (PTR) Q4 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.

7.1.1 Wendy Herbert presented the PTR report Q4 2025/26, highlighting better statutory compliance despite ongoing pressures. Recovery actions have improved assurance and sustainability. The Trust responded appropriately to a Public Services Ombudsman report and promptly addressed Prevention of Future Deaths reports. A Welsh Government assessment is in progress, with results to be shared later.

7.1.2 Wendy reported major improvements in concerns management, with all concerns acknowledged, fewer overdue no-regret incidents and lower complaint volumes. Wendy also observed an increase in complaints versus previous years, adding capacity pressures.

7.1.3 Wendy also reported improvements in near-miss and low-harm reporting, confirming that assurance in this area was included within the report and supported onward assurance to ARAC. Wendy drew attention to ongoing challenges in closing Datix incidents, though noted improving performance,

and highlighted emerging themes around delayed access to premises, particularly affecting patients experiencing mental health crises.

7.1.4 Wendy advised that Listening to People regulations national guidance and training materials were issued very late, however the Trust had been as prepared as possible, with staff training underway. Wendy confirmed that national KPIs were still awaited, with the exception of the requirement that 40% of eligible concerns be resolved through early resolution.

7.1.5 Jonny Sammut noted that the PTR report issues are mainly regarding demand, capacity and prioritisation within digital services, and not digital maturity. Jonny advised that a Digital Oversight Group (DOG) will launch in June to improve coordination, as many projects now compete for resources. Jonny also clarified that Datix is managed through Shared Services rather than by the Trust's digital teams, limiting their influence over system changes.

The committee received the report as assurance on activity within the Putting Things Right and Legal Services portfolio; and received assurance regarding current compliance and recovery progress, noting areas requiring continued committee oversight to support sustainable improvement and statutory assurance.

7.2 CONCERNS MANAGMENT PROGRAMME PROGRESS REPORT APRIL 2026

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.

7.2.1 Wendy Herbert provided an update on the Concerns Management Programme, outlining progress across the recovery, implementation and sustainability phases. Wendy advised that significant improvements had been delivered during the recovery phase, including reductions in backlogs relating to concerns, incidents and coroner statements, supported by additional temporary capacity.

7.2.2 Wendy confirmed that, while improvements had been achieved by the end of March, recovery could not yet be closed as further actions were required and were now being progressed through the implementation phase. Wendy reported that governance arrangements had been strengthened, with oversight provided through the programme board and Strategic Transformation Board (STB).

7.2.3 Key risks highlighted included sustainability and capacity, particularly following the withdrawal of additional temporary resources, and digital readiness, with further work planned to assess system capability and data requirements.

7.2.4 Lee Brooks raised serious concerns about delays in accessing premises, especially when police or fire services declined attendance, leading to patient access issues and even cases where patients were found deceased. Lee noted this presents a significant safety risk beyond mental health. An interim joint operating model began on 1 April 2026, assigning forced entry to Fire and Rescue Services, with the issue now escalated and monitored by the Joint Emergency Services Committee (JESC). The Chair stressed the importance of ongoing updates to QuEST about the interim operating model and its progress during the pilot period. Members recommended raising this as a formal alert through the AAA, emphasising it was a significant risk that required prompt Board attention.

7.2.5 Members highlighted improvements from the Concerns Management Programme, but questioned lasting impact due to temporary staffing, increasing clinical negligence claims and overdue coronial statements. Wendy reported progress, but noted sustainability is uncertain given new regulations, delayed guidance and unpredictable demand, especially regarding early resolution meetings. Operating models, capacity reviews and digital readiness efforts continue, resulting in fewer overdue coronial statements. Claire Appleton attributed changes in clinical negligence figures to administrative delays and legal case transfers, with external pressures growing due to reduced coronial timescales.

7.2.6 Members asked about the rise in complaint volumes and the difference between patient complaints and non-patient enquiries. Wendy explained that more low-harm complaints in Ambulance Care Services were due to stricter eligibility criteria and delayed ambulance responses, drawing increased public and political attention. Claire Appleton added that non-patient enquiries include various contacts such as lost property and general questions, since there is no central contact point, and efforts are underway with Communications to redirect these where possible.

7.2.7 Rachel Marsh advised that benefit realisation and evaluation evidence are being strengthened, with progress reported via MIQPR and at Board level. Rachel noted the Concerns Management Programme has robust governance overseen by the STB, and her team is assisting with transformation, process-mapping and sustainability to embed improvements and ensure ongoing assurance.

7.2.8 Members acknowledged the significant organisational effort involved, with improvement achieved against a backdrop of sustained operational pressure and staffing constraints. Strengthened governance arrangements were welcomed, including programme oversight, with regular executive leadership scrutiny.

7.2.9 Members were equally clear that, while progress is evident, assurance on sustainability cannot yet be fully provided. Concerns remain about whether current performance can be maintained now that recovery resources have stepped down and activity has moved into business as usual. It was acknowledged that the introduction of the new Listening to People regulations from 1 April presents additional uncertainty, with limited national guidance and KPIs available at the point of implementation. In particular, early experience suggests higher than anticipated demand for face-to-face resolution meetings, with implications for future capacity.

7.2.10 There was agreement that clear trajectories are now required, even if assumption based, to support ongoing monitoring and to demonstrate what sustained improvement should reasonably look like over time. This was seen as critical for assurance at committee and board level.

The committee noted the current position of the PTR / Concerns Management programme; received assurance regarding progress made during the recovery period; noted that further evidence is required to demonstrate sustained delivery, particularly in relation to digital maturity, sustainability and trajectory planning; and supported continued executive oversight of the programme until improvements are demonstrated as embedded and sustained.

8. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

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 Rachel Marsh presented the final MIQPR under the current framework, noting a new set of measures will begin in April. The report now focuses on QuEST indicators and highlights ongoing issues with resource allocation for high-acuity calls, emergency response times and hospital handover delays. While some year-on-year improvements were seen, performance is still below expectations. These challenges are being addressed in the CMT Programme, with emphasis on demand management and benefit realisation. Complaint response rates have improved due to recovery actions, and clearer future performance trajectories will be reported through the MIQPR.

8.2 Members questioned whether performance could improve given ongoing handover delays and system pressures, seeking a clearer roadmap for assurance. Rachel advised that progress depends on handover improvements outside the Trust's control, but their CMT Programme is addressing internal factors such as demand management and benefit realisation. Handover delays remain the main challenge, and national focus on the 45-minute standard has been renewed.

8.3 Lee Brooks added that performance measures cannot improve without addressing hospital handover delays. Lee emphasised that the Ambulance Performance Framework alone will not solve these issues, and real progress depends on reducing delays across the system. Without such changes, the Trust's performance remains limited.

8.4 Members asked if ongoing efforts were being made to reduce sickness absence, noting recent slight improvement but a two-year average still above target. Rachel advised that rates have stayed fairly static and further action is planned via the IMTP, with Executive leads assessing progress.

8.5 The Chair noted ongoing challenges, including hospital handover delays beyond the Trust's control, but recognised progress. The Chair stressed the need for a balanced approach, welcomed clearer plans and confirmed continued monitoring via future MIQPR reports.

The committee received the March 2026 Monthly Integrated Quality and Performance.

9. SPOTLIGHT ON CLINICAL INDICATORS: OUT OF HOSPITAL CARDIAC ARREST (OOHCA) – RETURN OF SPONTANOUS CIRCULATION FROM CARDIAC ARREST (ROSC)

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 Andy Swinburn reviewed OOHCA clinical indicators, emphasising survival to discharge over ROSC. Andy noted survival rates improve slowly, citing international examples such as King County, Seattle, where progress is incremental. Local data shows a gradual upward trend comparable to global benchmarks. Andy stressed that lasting improvement in cardiac arrest outcomes depends on ongoing, system-wide efforts.

9.2 Members asked if the review of deprivation's impact on OOHCA outcomes would include lessons from across the UK, highlighting the value of broader comparison. Andy confirmed that wider learning is being used, such as Scotland's Public Access Defibrillator (PAD) mapping method, which compares cardiac arrest rates with defibrillator locations. Andy noted that

defibrillators are more often found in affluent areas and that future efforts will focus on improving equitable access and outcomes.

9.3 The Chair asked Andy to define what constitutes "good" OOHCA outcomes in Wales and how they should be measured, emphasising collaboration beyond WAST and accurate baseline data. Andy responded that defining "good" is challenging due to limited historic survival data, but highlighted

ROSC rates now consistently at 20–25%. Andy noted international improvements stem from long-term cultural changes such as CPR education and PAD, with expected annual gains of 1–2%. Baseline evaluation began when survival became a main indicator. Andy emphasised that success depends on whole-system efforts, including public education and partner collaboration.

9.4 Members observed that survival-to-discharge outcomes reflect whole-system performance, not solely the Ambulance Service, and are influenced by factors such as hospital and critical care capability. Members noted that while ROSC/resource rates are a key indicator within WAST's control, survival-to-discharge is subject to wider system variation, and asked how this should be interpreted. Andy agreed, confirming that survival-to-discharge is heavily dependent on hospital and intensive care quality, and that poor downstream care would adversely affect outcomes regardless of pre-hospital performance.

9.5 The Chair thanked Andy for the presentation and discussion, noting the importance of focusing on clinical outcomes rather than speed alone. The Chair acknowledged that improvements in OOHCA outcomes would be incremental and dependent on whole-system factors, and welcomed the continued emphasis on partnership working and long-term cultural change.

The committee received the presentation and gained assurance from the actions underway to improve outcomes for cardiac arrest patients.

10. INTERNAL AUDIT REPORT: CYMRU HIGH ACUITY RESPONSE UNIT (CHARU)

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 The committee reviewed the Internal Audit report for Cymru High Acuity Response Unit (CHARU), which offered **reasonable assurance**. Andy Swinburn confirmed the anticipated findings, noting no new significant issues and ongoing progress on known actions. Osian Lloyd summarised the audit, citing areas of good practice and three medium-priority actions (training, benefits realisation, and steering group representation), all agreed with management and underway. The Chair welcomed the assurance, and

10.2 noted the Audit Risk and Assurance Committee's prior consideration, and requested confirmation on timely delivery, Andy confirmed confidence in delivering all actions as scheduled.

The committee received and took assurance from the Cymru High Acuity Response Unity (CHARU) Internal Audit Report and noted the discussion at the meeting of the Audit, Risk and Assurance Committee on 2 March 2026.

11. DUTY OF QUALITY ANNUAL REPORT 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.

11.1 Kate Blackmore presented the Duty of Quality Annual Report, noting improvements in its format and accessibility. Kate advised that the Safeguarding and Infection Prevention and Control (IPC) annual report contents had been integrated to streamline reporting and reduce duplication. The Sway platform was used for better accessibility and analytics, with content now organised into sections for easier navigation. Kate confirmed alignment with other key publications and timely delivery.

11.2 Members praised the report's quality and usefulness, suggesting highlighting patient safety more clearly and detailing Board and Committee oversight, including QuEST and lived experience, to improve context on governance. Kate reported that statutory guidance shaped the structure and aimed to avoid duplication, but agreed to strengthen contextual narrative and clarify governance before Board review.

11.3 Penny Durrant supported members observations and agreed that it may be beneficial for the report to lead more clearly with patient safety to set the context before covering other areas. Penny noted this would help external readers better understand the Trust's priorities and approach to quality. The Chair commended the report, highlighting its integration of Safeguarding and IPC content and effective use of narrative and visuals. The Chair recommended patient safety be more prominent for external clarity and suggested adding brief explanations where needed, such as Welsh language skill levels.

11.4 Jonny Sammut commented that, given recent Board discussions on digital maturity, it may be helpful for the report to more explicitly reference digital and analytical capability, including areas such as dashboards, automation, the Digital Champions Network and the adoption lead role, to provide additional assurance on how digital enablers are supporting quality improvement. Kate acknowledged the suggestion, and advised that engagement with Digital colleagues had taken place.

11.5 The Chair confirmed Members endorsement of the 2025/26 Duty of Quality Annual Report for Trust Board review, pending refinement as discussed, and for the revised version to be shared with the Chair before submission.

The committee endorsed the Duty of Quality Annual Report for 2025/26 for onward approval by Trust Board, subject to refinements as discussed; and received assurance regarding the Trust's progress in meeting the requirements of the Duty of Quality, the Duty of Candour and the Health & Care Quality Standards for Wales, recognising areas requiring continued improvement and oversight.

12. STRATEGIC QUALITY PLAN 2025/28 IMPLEMENTATION PLAN PROGRESS 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.

12.1 Kate Blackmore provided a progress update on delivery of the Strategic Quality Plan 2025–28, advising that work is underway across the implementation plan, but acknowledging concerns about the capacity and feasibility of delivering the full scope as originally set out. Kate confirmed that, in response to previous committee feedback, a new IMTP deliverable has been agreed to formally review the Strategic Quality Plan, with Executive engagement planned for June to clarify strategic direction and priorities.

12.2 Kate advised that the review process would take place during Q2, enabling the plan to be refined and aligned with organisational capacity and wider strategic priorities. Kate also highlighted progress in embedding quality governance, confirming that the annual review of actions to improve services had been completed through the Quality Management Group and would be reported to Clinical Quality Governance Group (CQGG), alongside an effectiveness review of the Group's role in supporting the Duty of Quality and quality management systems.

12.3 Members noted that delivery of the Strategic Quality Plan is off track against original timelines due to capacity constraints, system dependencies and wider organisational pressures. A formal review has been built into the IMTP to reset expectations, with executive engagement planned in June to support reprioritisation and ensure focus on deliverable, high impact actions. Members welcomed the shift towards a more realistic and prioritised approach, while acknowledging ongoing challenges, particularly in relation to data and digital dependencies and programme governance. It was agreed that future reporting should provide clarity on revised priorities, timelines and any areas for de-prioritisation, with assurance that credible delivery will depend on alignment with organisational capacity.

12.4 Jonny Sammut advised that there had been recent positive progress in relation to long-standing system-wide data-sharing constraints. Jonny reported that a new national group, led by Digital Health & Care Wales (DHCW) and the Deputy CMO, had commenced work to explore policy and legislative solutions, and confirmed that the Trust now has representation within this work, providing an opportunity to influence future direction. Jonny noted this as a positive early step, albeit recognising that legislative change will take time.

12.5 Members requested clearer timelines for resolving system-wide data-sharing issues, suggesting that if progress is slow, the Trust should consider mitigation measures rather than just noting the risk. Jonny Sammut advised that, since similar legislation exists in England, advancement within a year is feasible unless national policies delay it. Jonny noted past over-complication and current engagement as chances to guide the process. Ceri added that QuEST should monitor this closely and receive regular updates, due to its broader impact on quality, assurance and delivery.

12.6 Members asked if clearer progress could be expected by August, given current capacity issues, and requested clarification on the challenges related to the parent governance group. Kate advised that a more definitive update would follow Executive engagement in June and the Q2 review, which should help refine priorities and deliverability. Kate added that governance arrangements were being developed with the Corporate Governance team to ensure proper forum placement, and confirmed ongoing improvement work for supporting systems such as Datix Cymru and Shared Services.

12.7 Following committee discussion, it was agreed that officers would provide a further update to QuEST following Executive engagement and the Q2 review, setting out revised priorities, governance arrangements and deliverability of the Strategic Quality Plan 2025–28, including clarity on mitigation where system constraints persist.

12.8 Trish Mills queried the appropriateness of a “homeless” or undefined governance group for oversight of the Datix work, noting this did not represent good governance. Trish suggested that the emerging Digital Oversight Group (DOG) may be the most appropriate parent forum for this work, and advised that this could be explored and resolved offline.

The committee noted that delivery of the Strategic Quality Plan remains off track against original implementation timelines; received assurance regarding progress against priority actions and mitigating controls in place; endorsed the revised delivery approach and timeline extensions where required; and supported continued cross-organisational work to address key system dependencies, including Insight & Data Services capacity and Commissioner alignment, where these remain critical to delivery.

13. RESPIRATORY PROTECTIVE EQUIPMENT (RPE) REPORT (OVERVIEW AND UDPATE)

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 Sarah Morgan delivered an update on Respiratory Protective Equipment (RPE), highlighting the Trust's shift from Filtering Face Piece (FFP3) masks to Powered Air-Purifying Respirators (PAPRs), due to unsustainable fit-testing and frequent failures. PAPRs offer consistent protection, are now part of the emergency fleet, and have high compliance with robust training supported by RPE champions. The main challenge is central assurance, since PAPR training isn't required on ESR, limiting Trust-wide reporting, steps are being taken to improve this.

13.2 Penny Durrant emphasised that the transition to PAPRs represented a significant organisational change, achieved despite considerable people and operational challenges. Penny highlighted the strong collaboration between IPC, Control and Operations teams, particularly the shift in mindset and improved relationships that enabled delivery.

13.3 Penny formally recognised the sustained effort of Sarah Morgan and colleagues. The Chair welcomed Penny's comments, acknowledged the scale and importance of the work undertaken, and commended the cross-directorate collaboration in delivering a clinically sound and robust approach to staff safety. The report provided moderate assurance on these arrangements, with a clinically robust and embedded model in place and no evidence of systemic safety risk.

The committee

1. **Noted that the Trust has successfully transitioned to a PAPR-based Respiratory Protective Equipment (RPE) Model and that there is no evidence of systemic equipment failure or immediate staff safety concerns;**

2. **Noted that further work is underway to strengthen organisational reporting, maintenance consistency and local stock management arrangements to support improved corporate assurance and regulatory compliance;**
3. **Took assurance that mandating PAPR training within ESR and alignment to the mandatory training matrix will be completed by May 2026, enabling consistent organisation-wide compliance reporting; and**
4. **Requested that any material deterioration in compliance, training assurance or equipment governance is escalated through the Clinical and Quality Governance Group and the Quality, Patent Experience & Safety Committee through routine IP&C assurance reporting.**

14. PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) BI-ANNUAL REPORT (OCTOBER 2025 – MARCH 2026)

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 Leanne Hawker presented the biannual Patient Experience and Community Involvement (PECI) report, which combines patient insights with performance and quality data to assure care quality, safety and person-centredness. Leanne noted consistently positive staff compassion and professionalism, with patients distinguishing staff care from broader system pressures affecting access. Patient experience is regularly reviewed by the Quality Management Group and linked to quality improvement activities. While system risks such as access delays still impact patient experience and equity, the reporting clearly connects insight to action.

14.2 Leanne advised that community engagement is now more focused and aligned with service improvement, with better governance oversight. Leanne noted that organisational changes briefly decreased direct engagement, but next steps include improving feedback collection (including SMS), aligning with Listening to People regulations, and integrating patient experience into quality governance for measurable improvements.

14.3 The Chair commended the improved clarity and relevance of the PECI report, highlighting that the report now clearly articulates the 'so what', providing assurance on the quality of care delivered while reinforcing the impact of wider system pressures on patient experience that continue to require system-level action. The Chair noted recurring themes, such as delays caused by system pressures, and praised consistent staff compassion and professionalism. The Chair thanked Leanne and the team, expressed support for their progress, and acknowledged the report.

14.4 Members raised concerns about patient dissatisfaction with aspects of the NHS 111 service, questioning if call-back expectations and response times are being effectively managed, and stressing the need for actionable learning under the Trust's control. Lee Brooks advised that survey responses are currently too low to draw firm conclusions, but expects patient insight to become more valuable as feedback increases, particularly via planned SMS surveys supporting targeted improvements.

14.5 Jonny Sammut discussed work with the PECI team to improve NHS 111 online and webchat, including engagement with patient and disability groups. Early user feedback is guiding more human-centred digital access and shaping the future NHS "front door" in Wales. The Chair emphasised connecting patient insight to service design, and valued its influence on future digital projects.

14.6 Members questioned the rise in complaints and asked for clarification on the difference between patient complaints and non-patient enquiries. Leanne explained that most complaints were low-harm cases, especially in Ambulance Care Services, due to stricter eligibility for patient transport and broader system pressures. Leanne advised that complaint themes are regularly reviewed and efforts continue to manage demand and redirect non-patient enquiries effectively.

14.7 Rachel Marsh noted that patient experience feedback, including NHS 111 data, is already reflected within the MIQPR and is routinely considered as part of IMTP development and priority-setting. Rachel highlighted that the feedback reinforces known pressures, particularly around call-backs and waiting times, and emphasised the importance of using patient experience insight to inform improvement of NHS 111 as a key front door to the system, especially as its role continues to expand.

The committee received the report and took assurance that appropriate mechanisms are in place to capture, record, engage and act on people's experiences, whilst recognising ongoing risks relating to access, system delays and the reach of engagement activity; and noted the activities undertaken during this reporting period and acknowledge that PECI reports will be shared publicly through the Trusts People & Community Network.

15. MORTALITY INTELLIGENCE REPORT

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 Wendy Herbert presented the Learning from Deaths (Mortality Intelligence) report, covering the period October 2025 to March 2026. Seasonal increases in Medical Examiner referrals were noted, alongside continued operation of

15.2 the two-tier triage process for review of deaths. Members discussed the backlog of Level 2 multidisciplinary reviews, acknowledging this reflects capacity pressures during PTR recovery and incident management activity, but were assured that learning continues to be identified and that plans are in place to reduce the position.

15.3 Recurring themes remain consistent and system-driven, including prolonged waits for ambulance response, patient deconditioning, limitations in community and end-of-life care, and outcomes in time-critical conditions such as stroke and sepsis. Two Regulation 28 Prevention of Future Death reports were received and responded to within required timescales, with themes aligning to known organisational risks.

15.4 Members welcomed recent digital safety improvements to the ePCR system, strengthening NEWS2 controls, but emphasised the need for continued focus on timeliness and sustainability, with clearer indicative timeframes requested in future reporting.

The committee received the Mortality Intelligence report for discussion, and requested that future reports include clearer indicative timescales for planned actions and next steps, to support ongoing assurance and oversight.

16. MEDICINES MANAGEMENT ASSURANCE REPORT 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.

16.1 Huw Jackson presented the 2025/26 Medicines Management Assurance report, confirming safe and effective medicines management across the Trust, with continued improvement and strong compliance. Vehicle audits and Omnicell cycle counts showed near full compliance, with process changes and automation. Controlled drug oversight improved, with no unresolved discrepancies in the quarter. National paramedic Patient Group Direction (PGD)) compliance hit 99%, ensuring robust legal and clinical assurance. Use of access category antibiotics exceeded national targets, and antimicrobial prescribing decreased among advanced practitioners, supported by enhanced guidance and formulary controls.

16.2 Jonathan Chippendale highlighted improvements since QuEST addressed earlier PGD issues, praising restored governance, stewardship, and digital formulary development. Jonny Sammut confirmed capital funding for Omnicell licence renewals, ensuring system sustainability.

16.3 Members expressed concerns about financial risks related to the internal medicines hub if the business case stalls. Huw noted progress with Service Level Agreements but risks persist due to external supply reliance, recommending in-house supply for better control. Jonathan added that an internal hub could improve stock rotation and expiry management, potentially increasing efficiency and reducing costs, though exact benefits remain unquantified.

16.4 The Chair thanked Huw for his report, noting significant improvement, stronger compliance and controls, and welcomed collaborative efforts.

The committee received the annual Medicines Management Assurance report 2025/26 and discussed the report, with no additional assurance requirements.

17. 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.

17.1 Trish Mills introduced the Risk Management and Board Assurance Framework report, explaining that the agenda sequencing reflected the Trust's highest rated strategic risks, which had been discussed throughout the meeting. Trish advised that the two principal risks have remained on the risk register at a high level for a number of years and have been reviewed monthly. Trish noted that the risks have been refined to distinguish between those within the Trust's influence, and those outside direct control, to support clearer assurance and monitoring.

17.2 In relation to *Risk ID 224 Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients,* Trish invited Lee Brooks to provide an update. Lee advised that the risk had been re-escalated to a score of 5x5, following three consecutive months of deterioration, and that this escalation would now proceed through formal governance processes.

17.3 Members stressed the importance of recognising system-wide risks, especially given the absence of a Cabinet Secretary and ongoing financial challenges. Members called for continued focus at the national and civil service level. Lee advised that escalation and engagement persisted despite these issues, with recent guidance from Welsh Government through NHS Wales Performance and Improvement. Lee highlighted that handover delays remain a major risk, demanding ongoing attention and coordinated action.

17.4 Wendy Herbert advised that recent discussions with Healthcare Inspectorate Wales (HIW) had highlighted the need to balance risk across the system, noting that while corridor care is a focus of inspection, the greatest patient safety risk may lie in patients waiting in the community without assessment or treatment. Wendy emphasised the importance of recognising this broader risk context when considering system pressures and assurance.

The committee considered the contents of the report including, the controls in place against the risks and the actions described to further mitigate the risks.

18. AUDIT TRACKER Q4 2026/26

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

18.1 Trish Mills introduced the revised Audit Tracker approach, explaining that reporting now focuses on actions at their final agreed deadlines, particularly those arising from high-priority findings or limited assurance audits, to strengthen risk-based oversight and assurance. Trish advised that this provides clearer visibility of residual risk and delivery confidence.

18.2 The Chair welcomed the revised format, noting that it provided clearer and more meaningful assurance for the committee. Ceri Jackson supported the new approach and confirmed that the Audit Tracker had also been reviewed positively at the Audit Risk and Assurance Committee.

The committee reviewed and scrutinised the current position regarding high priority internal audit actions and external audit actions on their final revised date, to ensure that there is sufficient assurance in terms of mitigation of associated risks.

CONSENT ITEMS

19. COMMITTEE CYCLE OF BUSINESS MONITORING REPORT

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 Cycle of Business Monitoring report.

CLOSING ITEMS

20. REFLECTIONS

20.1 Reflections included a sense of strong assurance across a wide range of areas. Members noted the positive impact of cross-directorate working, which is helping to embed quality across the organisation. Overall, the committee reflected a positive trajectory, with clear progress evident alongside an ongoing commitment to maintaining focus on key risks and areas for improvement.

21. ANY OTHER BUSINESS

21.1 Kate Blackmore advised that communications had been issued regarding the forthcoming WAST Quality Event (WASTQ)**,** themed *"Quality Without Barriers"*, and encouraged members to consider attending and to promote the event within their teams, noting limited capacity and the value of engagement. The Chair thanked Kate for the update, welcomed the focus on quality and inclusion, and supported the promotion of the event across the organisation.

DATE AND TIME OF THE NEXT MEETING

22.1 6 August 2026 at 9:30.

MEETING CLOSE: 13:36