



GIG
CYMRU
NHS
WALES

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

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (QUEST) ANNUAL REPORT 2023/24

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 8 February 2024 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Committee Chair and Executive Lead ahead of that meeting. This Annual Report reflects on the effectiveness of the Committee in 2023/24 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The Committee is established to for 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

6. The Committee met four times as scheduled in 2023/24 and was quorate on each occasion.
7. The Committee is supported by the Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2023/24. The Committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE				
NAME	11 MAY 2023	10 AUGUST 2023	31 OCTOBER 2023	8 FEBRUARY 2024
Bethan Evans				
Kevin Davies			In chair for meeting	
Paul Hollard				
Ceri Jackson				
Liam Williams				
Andy Swinburn		Duncan Robertson		Duncan Robertson*
Lee Brooks	Steve Clinton		Sonia Thompson	Mark Harris
Leanne Smith	Jon Hopkins			
Jonny Sammut				Leanne Smith
Rachel Marsh			Hugh Bennett	Mark Thomas
Trish Mills				
Mark Marsden				
Hugh Parry				
Ian James				

Andy Swinburn in meeting between 11am and 1pm

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is excellent. Leanne Smith was replaced as prescribed attendee when she completed her interim position, and Jonny Sammut joined the Committee when he commenced as Director of Digital.
9. No changes to membership are proposed at this stage.

COMMITTEE'S VIEWS ON EFFECTIVENESS

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 8 February Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with eight responses being returned (a 50% return rate which is slightly better than 2022/23).
12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain or expand on their choices. The responses were reviewed by the Committee on 8 February against the same questions from last year. There were a number of comments on the length of the agenda, meetings and papers. These ranged from these impacting the ability of members to undertake their role effectively, to them being appropriate given the frequency of meetings and the crucial scrutiny and oversight of patient safety, quality and patient experience. In 2024/25 meeting invitations will be extended to provide an appropriate amount of time for the meetings where that is deemed necessary at agenda setting meetings and in conjunction with the Chair.
13. Whilst there was a sense the committee needed to strengthen its timely close off of actions/holding to account for late or missing papers, it is recognised that operational pressures may mean some items are prioritised. Regular monitoring of the cycle of business, the action log and forward planner are in place to capture matters carried over.
14. There is a desire to seek to extrapolate only sections of the MIQPR which are relevant for the Committee however it was recognising this could lead to additional work and reporting. An alternative approach is the focus of members on the relevant quality, clinical, patient safety and experience indicators (in the MIQPR and the PTR report) as opposed to the full balanced scorecard (which is scrutinised at Finance and Performance Committee and Board), and the impact of that performance and improvements on patients.
15. As with other Board Committees, the question related to visibility of Committee members scored poorly. Given that there is a Board visits Standard Operating Procedure in place which illustrates members visibility, it is anticipated that this question will be omitted from the 2024/25 survey. The rationale being that it is unlikely, no matter how visible a Non-Executive or Executive Director may be, that that will always resonate with each Committee.
16. Good practice drawn out in responses included:
 - The focus in 2023/24 on clinical indicators;

- Key risks are discussed and drive the agenda, with more deep dives on risks welcomes;
- Relevant information is shared clearly and robustly with the Board;
- The meetings are well chaired; and
- There is a positive and transparent culture.

17. 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 Committee's business in 2023/24 included:

17.1. **The Putting Things Right (PTR)** (previously the Patient Safety Highlight Report) and **MIQPR reports** are received at each meeting. Throughout the year the focus was on:

- Pressures in the teams to respond to concerns in a timely way;
- Concerns response time improvement plans;
- Continuing number of immediate release requests refused;
- Incidents being reviewed at the Serious Case Incident Forum;
- Joint investigations being passed to Health Boards;
- National Reportable Incidents;
- The continued upward trend in Coroner's requests for information;
- Regulation 28 are brought to the attention of the Committee;
- Improvement actions under review to ensure the Electronic Patient Record (ePCR) data is correctly inputted to ensure accurate reporting on the various clinical bundles;
- Good call back time for 111 Wales calls.

17.2. A **focus on clinical indicators** was agreed at the 2022/24 effectiveness review and the first report was presented at the August meeting. The current clinical indicators and ambulance service indicators are the care bundles and individual metrics for STEMI (ST-elevation myocardial infarction), stroke, #NOF (fractured neck of femur) and hypoglycaemia, as well as the ROSC (return of spontaneous circulation) at hospital indicator. Clinical indicators in development are call to door time for STEMI and stroke. Others in consideration include older fallers, paediatric trauma/pain management, and advanced paramedic practitioner (condition specific compliance). In October the Committee focused on the clinical indicator of **Return of Spontaneous Circulation (ROSC)**, acknowledging substantial enhancements in ROSC rates since April 2022. In February the Committee focused on **stroke indicators** with discussion of the time-based metrics.

17.3. Each meeting heard a **patient story**:

- In May the Committee heard from **Keith Jones** who is a long-standing CFR at WAST and attended a patient at their home in November 2022. Keith was with the patient and their partner for over four hours awaiting an ambulance and during that time the patient went into cardiac arrest. Despite attempts to resuscitate him, the patient unfortunately died. Members heard about the effect of this on Keith and the patient's partner who was present, and discussed the support which is available to CFRs following such an event.
- In August The Committee heard from **Beth Hews**, Palliative Care Paramedic about her experience attending a patient with metastatic bowel cancer who had been referred to Specialist Palliative Care Team (SPCT) for pain management. Through the intervention of the SPCT they were able to keep this patient in her own home rather than have her taken to hospital by ambulance, providing a holistic plan which enabled her to die with dignity and in comfort.
- In October **Steven Parsons** recounted his distressing experience of being unable to get an ambulance for his grandfather, who he thought was suffering a stroke. Steven called 999 but was told there were no ambulances available at that time because of the system pressures. Believing it was a stroke, Steven decided to transport his grandfather to the hospital himself. Upon arrival, his grandfather collapsed but was resuscitated in the Emergency Department.
- In February **Alison Cassidy** recounted the experience of her daughter Emma, who has a rare genetic disorder, severe learning disabilities and epilepsy. She needed urgent dental care requiring general anesthetic at Glan Clwyd Hospital and was advised by Health Care Professionals in the Health Board to access the Non-Emergency Patient Transport Service (NEPTS) to take Emma to her appointment.

17.4. The **IMTP 2024-27** elements that related to this Committee were reviewed ahead of the IMTP's approval by Board in March.

17.5. The **Quality strategy implementation plan** was reviewed in May 2023 and February 2024. The plan was developed to support delivery of the Quality Strategy 2021-2024. Whilst progress against the plan has been slow due to resourcing challenges, there was progress in the latter half of 2022/23 in preparation for the Health and Care (Quality and Engagement) (Wales) Act 2020. The planning and engagement for a new Quality

Plan will be developed during 2024/25 with the 2023/24 Quality Report informing some of this.

- 17.6. The Patient Experience and Community Involvement (**PECI**) reports were received providing positive assurance we are meeting with and consulting with the public and out stakeholders, including with Llais (the Citizens Voice Body). Reports from Peci are now provided bi-annually.
- 17.7. The Trust's **annual Clinical Audit Plan**, which allows the planning and prioritisation of clinical audits across the financial year, was approved. It is not always possible to predict all of the topics that require evaluation and therefore this is a dynamic document which is updated quarterly with oversight by this Committee. This supports recommendations in the Audit Wales Clinical Governance Review 2022.
- 17.8. A **deep dive on red rural performance** was presented in August. Performance consistently tracks below pan-Wales performance and below the 65% target. By contrast however, Amber 1 performance is consistently better than more urban areas. Members recognised that whilst red rural performance remains an issue, actions are being taken to address this. The Committee was assured there was focus on this including demand led rosters, rosters that are recruited to and efficient use of that resource (in particular, handover lost hours, but also internal efficiencies like abstractions and mobilisation times). The forthcoming EMS demand and capacity review explicitly includes rurality in its terms of reference. The People and Culture Committee will look at the effect of rurality on abstractions, recruitment and retention.
- 17.9. The Committee reviewed the position, plans and proposed reporting for **Information Security and Information Governance** which is an area that was expanded in its remit in 2022. The comprehensive reporting provides an overview of information governance in terms of accountability, assurance and compliance and the Committee agreed a set of metrics. The Board will note that this area of oversight will transfer to the Finance and Performance Committee from 1 April 2024 so there is alignment and avoidance of duplication.
- 17.10. The **backlog of policies** – particularly those relevant to this Committee - was reviewed and concerns escalated to the Board. A priority order of policies for review in 2023/24 was endorsed. The following policies were approved in 2023/24:

- National Policy on Patient Safety Incident Reporting and Management;
- Aseptic Non-Touch Technique Policy;
- Medicines Management Policy;
- Information Governance Policy;
- Infection Prevention and Control Policy (by Chair's Actions);
- Clinical Supervisions Policy; and
- Data Protection Policy.

17.11. The **Welsh Risk Pool Concerns Assessment** was received and themes such as the PTR capacity and Datix Cymru were discussed.

17.12. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures.

17.13. **Reflections** are taken at the end of each meeting and included:

- In May: noted the different approach with an afternoon start; supportive challenge and identification of further actions as a result; lived experience was important to continue to hear; papers were improved, succinct and clear and picked up on the threads of the duties of quality and candour.
- In August: The introduction of a review of the agenda and timings with the Chair closer to the meeting. This will enable the Chair to review placement and timing of items; helpfully, areas of greatest focus and where strong assurance was required were placed higher in the agenda which enabled appropriate critique and discussion to confirm assurance, however, more time could be given to some items to enable members to drill down further on performance; good succinct discussion; and the desire to reduce the volume of papers, recognising however the Committee has a substantial remit. The Board's risk appetite as to the level of assurance required could be reviewed.
- In October: clear and succinct papers and tangible progress on some longstanding issues.
- In February: more time and a lunch break meant the meeting did not feel rushed; the patient story provoked both challenging and constructive discussion and it is important to continue to hear these and to allow time to do so.

17.14. The Health and Care (Quality and Engagement) (Wales) Act 2020 and hence the **duty of quality and duty of candour** came into force on 1 April 2023. The Committee noted:

- In May: The Quality and Performance Management Steering Group incorporates senior oversight and responsibility for the duty of quality and duty of candour to ensure the Quality and Performance Management Framework has an integrated approach to improving the quality of services and outcomes for patients. A quality management system digital dashboard is in progress and Trust intranet pages are available to staff to cascade messaging and enhance knowledge in this area. There was positive progress of the Trust position against the Welsh Government road map for the Act implementation, including exemplar content and ideas produced by Trust staff now being adopted at NHS Wales level. Concern was raised as to impact on teams and resources with the increased requirements under the duty of candour as raised in the alert section.
- In August: Work is progressing regarding 'Always On' reporting with the development of a scalable digital dashboard specification based on the Quality Standards 2023 reflective of strategic, tactical, and operational quality requirements. A set of Performance and Quality Standards are currently being developed for the duty of candour to collect data and information consistently at a local and national level and create a dashboard. Progress on the Welsh Government milestones was said to be amber/green with two key outstanding areas being the 'Always-On' reporting and the ability to resource the requirements arising from the duty of candour'. It was recognised that there was a need to continue to 'hold the tone' of the duty of quality and duty of candour and that the new quality leads will play a pinnacle role in this.
- In October: The Welsh Government roadmap for August 2023 rated the Trust's progress as having identified that 'delivery is at risk but manageable' or is 'behind schedule but within tolerance'. This is in line with other NHS organisations across Wales and includes a further nine deliverables recently added to the roadmap. The appointment of the Senior Quality Governance Lead and bespoke implementation plan has increased capability and capacity to support full implementation. The current impact of this has been a review of arrangements which has led to some previously reported good progress being revised on the current WG report.

- 17.15. The duty of quality requires each organisation to provide demonstrable evidence that all strategic decisions and plans have been made through a quality lens for both clinical and non-clinical aspects. A key element of demonstrating this are **Quality Impact Assessments (QIA)**. The Committee were assured that the framework for QIAs was appropriate and noted that the template developed by the Trust has since been adopted by the NHS Wales Executive for use across Wales. Two QIAs were subsequently reviewed by the Committee, including the Implementation of a revised approach to the application of the Non-Emergency Patient Transport Service (NEPTS) eligibility criteria and a revised Capacity Management Plan, and The Mid and West Wales Fire and Rescue Services (M&WWF&RS) support to the Trust's emergency responses.
- 17.16. The Health and Care Standards (2015) have now changed to the **Health and Care Quality Standards (2023)** with six domains and five enablers. The domains are Safe, Effective, Timely, Efficient, Equitable and Person Centred. The enablers include Leadership, Culture and Valuing People, Data to Knowledge, Learning Improvement & Research, and Whole System Perspective. Work is progressing to define quality outcome measures aligned to the Standards.
- 17.17. The Committee **cycle of business** was approved.
- 17.18. The following **annual reports** were received for assurance and discussion:
- Infection Prevention and Control Annual Report 2022/23
 - Safeguarding Annual Report 2022/23
 - Mental Health and Dementia Annual Report 2023
- 17.19. The Audit Wales Quality Governance Review 2022 raised the issue of the backlog of **mortality reviews** and the need to develop an action plan to reduce this backlog. The Committee saw there is evolving work to embed and strengthen the mortality review process. Learning will be shared and triangulated with information produced from other sources e.g. coroners, incidents, clinical audit programmes, and this Committee will see this in the Patient Safety Report.
- 17.20. **Risks** relevant to this Committee – 223 and 224 – are reviewed at each meeting and the agenda is driven by these risks. Risks to the Trust's ability to implement the duty of quality and duty of candour were also discussed with relevant mitigations, as were challenges and risks in achieving, maintaining and assurance compliance of data protection.

- 17.21. The **annual effectiveness review** was conducted in the January 2024 meeting.
- 17.22. The **Medicines Management Assurance Report** was reviewed by the Committee. This is the first report of its kind and content on future reports was discussed. Assurance was taken on this report, and it was good to see that the previous internal audit on medicines management was a good lever for change.
- 17.23. The revised **Audit** tracker and process was reviewed and good progress is being made to close down management recommendations.
- 17.24. An update was provided on the **Health Inspectorate Wales (HIW) Review: Patient Safety, Privacy, Dignity and Experience whilst waiting in ambulances during delayed handover (2021)**. There was an expectation from HIW that the recommendations made would be considered at a system level and an Emergency Ambulance Services Committee (EASC) task and finish group was established to respond to the review. The Trust's particular management actions are reported to that group and HIW have concluded that sufficient assurance has been received in response to the findings identified within the review report for the Trust for the stage one review. A stage two review will be initiated by HIW in the latter part of 2023/24.
- 17.25. The **HIW national review of patient flow – a journey through the stroke pathway** and the **HIW Annual Report** were reviewed in February 2024.
- 17.26. The **Healthcare Inspectorate Wales (HIW) Annual Report 2022-23** was reviewed in February 2024 and the Committee noted that the issues raised, including system pressures and safeguarding, are frequent areas of discussion and oversight at QUEST.
- 17.27. **The Infection Prevention and Control (IPC) internal audit** (reasonable assurance) was presented with the Committee being assured that whilst recommendations for improvements were being made, the response and the ways we seek to support our patients with respect to IPC i.e., guidance, advice and support is appropriate.
- 17.28. The **Immediate Release Directions internal audit** (reasonable assurance) was presented and the need for a collaborative approach to these was apparent.

- 17.29. The **Data Analysis internal audit** (reasonable assurance) was also reviewed.
- 17.30. The **Records Management Internal Audit** (reasonable assurance) was received in February 2024.
- 17.31. The limited assurance **Pain Management internal audit** was presented to this meeting following its discussion at the Audit Committee on 25 July. The Committee reviewed the recommendations and actions, welcoming the tight timeframes within which these would be closed given the limited nature of the audit.
- 17.32. The **Committee's priorities for 2023/24** (implementation of the quality strategy, and the duty of quality and duty of candour) are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.
18. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee. Each of the AAA report escalated the issue of handover delays and the impact of this on our patients and our people; the highest rated risks 223 and 224; concerns over PTR response times and over the backlog of policies.
19. The Committee is not currently serviced by any Sub-Committees.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

20. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in 2022. The changes this year are therefore minimal and include feedback from the Committee following the survey and the meeting on 8 February. The changes in the Terms of Reference are marked up in [Annex 1] and include:
- A change in the narrative on assurance to provide clarity on approach;
 - The information governance and information security elements are proposed to transfer to the Finance and Performance Committee from 1 April. That Committee has the digital infrastructure, systems and strategy in their remit as well as cyber security and it was felt by the Caldicott Guardian (Liam Williams) and Senior Information Risk Officers (Jonny Sammut) that this move was

appropriate to reduce duplication and align the approach. The Caldicott Guardian will alert the Committee to any relevant issues of patient information concerns; and

- Changes in the narrative on risk and audit to streamline responsibilities.

COMMITTEE PRIORITIES

21. The Committee received an update on progress against its priorities at each meeting. The 2023/24 priorities were:

Priority	Progress
Committee will monitor implementation of the Duty of Quality and Duty of Candour following the Health and Social Care (Quality and Engagement) (Wales) Act ('Act') coming in to force in the Spring of 2023	As set out above, progress against this priority has been good throughout the year.
Implementation plan for the quality strategy.	As set out above, progress against this priority has been monitored throughout the year, noting that focus has been on the implementation of the duty of quality and duty of candour.

22. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2024/25:

- Continue to monitor the duty of quality and duty of candour i.e. Committee will monitor implementation of the Duty of Quality and Duty of Candour following the Health and Social Care (Quality and Engagement) (Wales) Act.
- Monitor the delivery of the Quality Strategy (plan)
- Monitor the organisation's compliance with the Health and Care Quality Standards 2024

23. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

NEXT STEPS

24. The next steps are to update the cycle of business with revised terms of reference

RECOMMENDATION

25. The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2023/24 and analysis of its effectiveness; and
- (b) Approve the changes to the Terms of Reference.