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

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.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	4 February 2025
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

- Handover delays continue to present patient safety risks and extended waits in the community** with a deteriorating red performance being outside of what is acceptable to deliver a safe emergency service. Approximately 10,000 patients per month are cancelling their ambulance requests due to long response times, likely leading to harm and them potentially make their own way to emergency departments. The Trust's focus is to implement a change in how it responds to patient demand through the **Clinical Transformation Programme (CMT)**. The committee reviewed the Quality Impact Assessment for the CMT in closed session and received an update on the programme.
- A theme which ran through a number of items at this meeting included the **importance of data** as intelligence to drive continuous improvements for patient safety, as well as digital to support technology advancements/innovation. The need to prioritise digital projects, including the integration of Datix and other systems, to ensure alignment with organisational needs and available resources was emphasised. This is currently underway as part of the development of the IMTP 2025-2028.
- The **Datix 'Once for Wales' Concerns Management System** contains incident reporting data for patient, staff, and contractor safety concerns, as well as other bespoke modules. Challenges have been identified and a recovery and improvement plan was reviewed which address the key issues and risks which include:
 - Reliance on wider system stakeholders for intelligence on incidents with moderate or higher levels of harm.
 - Data linkage through the National Data Repository owned by Digital Health and Care Wales
 - Reduction of unnecessary data fields and improve data flow for actionable insights.
 - Clear governance and accountability arrangements, and connection with other platforms.
 - Resource constraints impacting system management and data cleansing.
 - Capacity to support the Recovery and Improvement Plan.
 - Current configuration and maintenance lacks structure and requires review.



- Volume and quality of reports causing duplication and variance in outcome data.

The plan was noted, with concerns raised as to deliverability timescales and the resource to implement the plan. The committee will receive updates by way of exception reporting where there are significant risks posed to matters in the remit of this committee.

ADVISE

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

4. Members expressed thanks to service user **Gemma, for sharing their experience as a profoundly deaf British Sign Language (BSL) user in accessing healthcare**. Gemma experienced significant communication barriers, leading to distressing situations in her interactions with the Trust and other public services. Gemma noted that there can often be miscommunications and language barriers, as BSL has its own grammar and sentence structures and is different from English. Also, Gemma advised that BSL users do not necessarily understand or speak English. Gemma indicated that there is often limited access to suitable sign language interpreters for BSL, especially in urgent or emergency situations.

The committee heard that there is a need for increased education and awareness among healthcare staff regarding the deaf community's needs, and that the existing systems for accessing 111 or 999 do not adequately support the deaf community's needs. Members acknowledged the recurring nature of such patient stories and noted the clear deficiencies in the systems. They discussed what measures could be taken to better support deaf users. In addition to improving the education and awareness of colleagues in the Trust of the needs of the deaf community, the use of technologies to support this activity and improve the user experience were discussed. The relevant legal context and accessibility requirements / information standards were noted. Members acknowledged the commitment of the Trust to improving the user experience for the deaf community and sought support from the Chair of the People and Culture Committee to ensure a continued focus on this area.

5. The Committee received **an update following the patient story from Sian Davies-Kumar** at the last meeting and noted that the Palliative Care Paramedic model 3-year initial trial phase has now ended. The committee heard that the Trust is considering what the model should look like going forward.
6. The Committee received the **Operational Update for Q3 2024/25**, and of note:
 - The December critical incident was called due to high call volumes and extended handover delays at emergency departments. The proactive media engagement was noted as helpful in managing the situation. The debrief of that incident will look at the issues of ambulance release requests. Non-Executive Directors who visited staff during this time commended their resilience and commitment despite ongoing pressures.
 - Initial results from the changes made to the mental health service with the addition of a response vehicle, introduced in November, show encouraging rates of enhancing the ability of WAST to manage patients within their setting and not deploy an emergency ambulance or transfer them to



an emergency department. Work is ongoing to ensure the most efficient and effective model is developed for remote and vehicle based response; to note when not attending a face to face incident, the mental health practitioner is contributing to remote assessment.

- There has been an increase in red activity related to breathing problems with analysis revealing more activity on the 06E01 MPDS code originating from 111 rather than 999, which was flagged as unusual given the nature of this code. Further clinical validation processes were implemented for patients in the 0-4 age group, leading to a reduction in red activity from 111 to 999. Work continues to consider trigger words between CPSS and MPDS, and on the hand-off process from a 111 call handler to 999 call handler. The clinical validation process will be considered for potential standardisation.

7. The **2025/26 Clinical Audit Plan** was approved.

8. The following **policies were approved**:

- Safeguarding children and adults at risk of harm policy
- Violence against women, domestic abuse and sexual violence policy

9. Members received a presentation on **cancelled calls potential impact analysis** and were assured that the CMT and ongoing improvements in data analysis and reporting could help address challenges in providing timely ambulance responses affected by high demand and ongoing hospital handover delays.

10. Members' **reflections** on the meeting included:

- The time allocations for items throughout the meeting were challenging, however the difficulty of managing such a comprehensive agenda was acknowledged. The Chair was commended for effectively conducting the meeting. Related to this point, there was consideration of how the meeting arrangements could be adjusted to allow for a more comfortable flow, including where it could be helpful to have pre-meeting discussions on more technical matters.
- Rhiannon Beaumont-Wood, Non-Executive Director on the Trust Board, was welcomed to her first meeting of the committee. Additionally, there were a number of observers ranging from internal WAST staff, Health Improvement Wales, Internal Audit, and NHS Wales Joint Commissioning Committee (JCC) colleagues for the risk discussions.
- The committee acknowledged the work of Kevin Webb, Head of Clinical Intelligence and Assurance, a valued member of the WAST Team who is retiring in the coming weeks. Kevin Webb has been instrumental in the Trust's clinical audit work and a note of thanks was recorded for all of his contributions.

ASSURE

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

11. An update was given against the Trust's approach to assessment against the **Health and Care Quality**



Standards (2023) with the self-assessment template being received. A maturity matrix approach to assess compliance with the Standards has been taken, and members were assured of the progress with the development of this framework and look forward to future progress updates.

12. A revised **Putting Things Right (PTR) Report** for Q3 2024-25 has been restructured to be more succinct and focused, with a clear presentation of data and visualisations like heat maps. Feedback on the new format was positive, with members appreciating the clarity and ease of finding information. The board will note:
- Delays and high demand continue to shape the PTR and legal services agenda, impacting both emergency and non-emergency transport.
 - Improvements in complaints management were noted, with better response times and more face-to-face meetings with patients and families.
 - The report includes thematic learning from complaints, emphasizing areas like attitude and behaviour, and the importance of showing empathy.
 - There has been a significant rise in the number of cases being considered at the Serious Case Incident Forum.
 - Additional metrics and changes are planned for future reports, including more detailed themes and legal services data.
13. The **Monthly Integrated Performance Report (MIQPR)** was received, with members noting that the board received and discussed the MIQPR at its meeting the previous week (30 January). Handover delays remain significant as noted in the alert section above. The Cabinet Secretary's target to eliminate handover delays over an hour by the end of the year was noted and the Trust continues to work with Health Bords to support this goal and reduce patient harm.
14. The MIQPR shows a small increase in the number of **safeguarding** children reports and a slight decrease in the number of adult safeguarding reports. Additionally, there was a deterioration in the time taken to complete referral. The safeguarding team is currently managing internal issues related to safeguarding staff and the wider community, which impacts their capacity to handle external safeguarding reports.
15. The **Audit Wales Quality Governance Follow Up Review report** was received and presented by Audit Wales. Progress in implementing recommendations from the 2022 quality governance review was acknowledged, noting that some recommendations were not fully complete. The responses to both the re-opened 2022 and 2024 recommendations were reviewed, with the specificity on evidence to close the actions welcomed.
- Overall, the discussions highlighted the Trust's commitment to continuous improvement, the importance of realistic timelines for management actions, and the need for better data sharing and collaboration with system partners to enhance quality governance. The report is attached at **Annex 1** and will have been reviewed at the Audit, Risk and Assurance Committee ahead of the board meeting in March.
16. Committee received a presentation on the **clinical indicator related to stroke** noting an improvement in performance, with compliance increasing from 65-70% to almost 90%. Members discussed potential



reasons for the decline in the number of stroke patients being recorded noting that patients self-presenting at emergency departments may be a factor. An investigation is needed to understand the reason for the decline; however, members were assured that the Clinical Audit and Assurance Group (CAAG) monitor the indicators noting the importance of local leadership and clinical supervision in maintaining and further improving performance against them.

17. The **Clinical Audit Plan and Action Tracker update for Q3 2024/25** was received with no escalations.
18. The **Infection Prevention and Control Annual Report** for 2023/24 was received, emphasising improved compliance with hand hygiene, PPE use, and environmental cleaning, though there is room for improvement. The report highlights strengthened governance, policy reviews, and updates, as well as workforce development efforts. The changes in the team and challenges around recruitment were noted with further work required to formalise people into posts, enhance policy compliance, accountability, and performance reporting. Some persistent challenges remain, particularly in areas that are typically difficult for the ambulance sector, such as healthcare-acquired infections. Despite this, members commended the team in the role out of Respiratory Protection Equipment (RPE) across Wales as an important development to giving us the best protection for our people and our patients. The Executive Director of Quality and Nursing will develop IPC metrics for regular oversight for this committee's consideration.
19. The internal audit on **Patient Experience and Community Involvement** was received. This was a reasonable assurance audit, reflecting the progress made in patient experience and community involvement. The report highlighted both the strengths of the current patient experience initiatives and areas where further improvements are needed.
20. An update was received on the **Audit tracker** with 18% (23% last quarter) of committee related internal audit actions (due in quarter) closed in quarter. The committee was assured however that appropriate plans were in place to address those actions overdue.
21. The Committee's **annual effectiveness review** was held, with a revised approach taken across all committees. A discussion was facilitated to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, will be circulated for approval by Chair's Action after the meeting.
22. Members received the Committee **Cycle of Business Monitoring Report** and progress against the **Committee's priorities** for 2024/25.

RISKS

Risks Discussed: The Trust's two highest scoring **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 and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.

Colleagues from the JCC were in attendance highlighting the work being undertaking in collaboration to



consider a new approach to mitigations of these risks from a whole system perspective, noting that ambulance capacity and performance is the highest scoring risk on the JCC’s new risk register. The aim is to consider both risks using a manage and monitor approach alongside work to transfer these risks to the Trust’s new Strategic Board Assurance Framework. The Trust remains committed to improving the quality of care and reducing harm; however, projecting improvement trajectories on these risks is difficult due to the extreme pressures and context in which it operates.

Committee received assurance that the risks continue to be dynamically reviewed and within the relevant governance forums noting discussions on the mitigating actions, controls and assurances and mitigating actions are reviewed regularly.

New Risks Identified: Whilst there were no new risks for committee, members noted the risk highlighted as part of the RL Datix system report which captures the challenge in ensuring that the system is structured and accessible for staff to report incidents accurately in addition to resources to address the broader impacting factors. Mitigations include training packages, development of procedures and governance processes and the integration of the Incidents and Concerns module on Datix with other systems to improve data reporting and analysis.

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

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q3 2024/25	Committee effectiveness review	Patient story
Clinical Transformation Programme	Audit Wales Quality Governance Follow Up Review 2024	Duty of quality implementation update
Health and care quality standards self-assessment	Datix Recovery and Improvement Plan	PTR report
Monthly Integrated Quality and Performance Report	Focus on clinical indicator – stroke	Risk management and board assurance framework
Cancelled calls potential impact analysis	Clinical audit	Infection prevention and control service annual report
PECI internal audit	Audit tracker	Policies for approval
Committee cycle of business monitoring report and committee priorities 2024/25		



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COMMITTEE ATTENDANCE				
NAME	07 MAY 2024	13 AUGUST 2024	05 NOVEMBER 2024	04 FEBRUARY 2025
Bethan Evans (Chair)				
Kevin Davies				
Rhiannon Beaumont-Wood				
Ceri Jackson	Chair			
Liam Williams				
Andy Swinburn		From 1100 ¹		
Lee Brooks	Jonathan Edwards	Pete Brown (open)		
Rachel Marsh	Hugh Bennett	From 1120 ²	Hugh Bennett until 2pm	
Jonny Sammut				
Trish Mills	Julie Boalch			
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Duncan Robertson in attendance from 0930

² Alex Crawford in attendance from 0930