

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 11 August 2022 VIA TEAMS

PRESENT:

Bethan Evans	Non Executive Director and Chair
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Hannah Rowan	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Interim Director of Quality and Nursing
Peter Hindley	Community Health Council
Carol Jones	Emergency Department Matron, Betsi Cadwaladr University Health Board
Sian Jones	Care Experience Manager, Betsi Cadwaladr University Health Board
Alison Kelly	Business and Quality Manager
Sue Last	Member of the public (Patient Experience)
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Chris Scott	Audit Manager
Leanne Smith	Executive Director of Digital Services
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Angela Roberts	Trade Union Partner
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31/22 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone. In particular, Liam Williams, the newly appointed Executive Director of Quality and Nursing, Carol Jones and Sian Jones from Betsi Cadwaladr University Health Board (BCUHB) and Peter Hindley from the Community Health Council and Sue Last who would be sharing her experience. Attendees were advised that the meeting was being audio recorded. Apologies were received from Angela Roberts, Trade Union Partner.

Minutes

The minutes of the meeting held on 12 May 2022 were confirmed as a correct record.

The action log was considered:

Action Number: 16/21 - To provide updates on the viability of CFR's to administer pain relief. Andy Swinburn advised there was no further update and agreed to provide an update at the meeting on 10 November 2022.

Action Number F&P 1/21-22 – Quest was to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. Duncan Robertson reported that the Clinical Intelligence and Assurance Group were conducting deep dive quality assurance audits on each of the clinical indicators. Learning in terms of improvements of the data quality within Electronic Patient Care Record (EPCR) have been identified. He explained there was still further work to be undertaken to consider other elements of the EPCR.

Comments:

1. It was queried whether EPCR would give the ability to input the reasons why the correct pathway was not achieved as in the past achievement of this has been poor. For example, would EPCR provide information on a patient with a fractured neck of femur where pain relief was not required or necessary? Duncan Robertson explained there were justified exceptions for clinical indicators. There were occasions where part of the care bundle would normally be expected to deliver but there may be an approved reason why it wasn't. He added that clinicians will be directed to be able to populate the clinical indicators correctly, this was part of the learning phase going forward.
2. The Committee wondered whether this was still the right action or should it be reshaped and have a clearer deadline. Duncan Robertson advised that the final audit will be available in September. It was a continually rolling programme and more time would be required to consider other areas within the EPCR which would be monitored through the Clinical Intelligence and Assurance Group. In terms of the action this will be updated as and when further information was available. Andy Swinburn stated that, EPCR will be a game changer – it would be useful for the Committee to be advised of activity regarding the data quality ensuring that progress was continually reported through to the Committee. He further commented that the main focus was on quality as opposed to pace, and agreed to bring an update to the next meeting in November. The Committee discussed this action in further detail and it was recognised it would be part of the Quest Committee cycle of business going forward.
3. Action Number: 50/21a - To provide an update on the ongoing work to improve functionality on the Website of symptom checkers etc... Leanne Smith advised this was ongoing work and a further update would be provided at the November meeting.

4. Action Number: 17/22 - To provide feedback on discussions at the older people's steering group and on the collaboration with health board colleagues to improve the falls processes and procedures; and also for the steering group to discuss the use of Mangar chairs in the Community. Jonathan Turnbull-Ross explained that a new group had been formed and an update will be provided at the next Quest meeting.
5. Action Number 23/22a - To consider the practical elements of promoting and integrating the Quality Strategy into everyone's role be a topic of discussion on a future Board development day. To also focus on the duties as part of the compliance element for development. This action was marked as closed as it is referenced later on in the Agenda under 41/22.
6. Action Number 23/22b - To provide feedback in terms of how to improve and influence the strategy going forward. To include how the Trust was embedding quality into the roles of others, i.e. what were the practical steps being taken to achieve this? This action was marked as closed as it is referenced later on in the Agenda under 41/22.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 12 May 2022 were confirmed as a correct record; and**
- (2) consideration was given to the Action Log as described above.**

32/22 PATIENT EXPERIENCE

1. The Committee welcomed Sue Last who is a wife/carer for her husband John who is living with dementia. Sue was attending the meeting virtually and the Committee thanked her for sharing her story. Wendy Herbert, on behalf of the Board extended sincere apologies to Sue for the experience she and her husband John encountered on the evening of 22 June 2022. In addition the Committee welcomed colleagues from BCUHB who would be able to share Sue's story as well. Prior to listening to Sue, Wendy Herbert explained that during the timeframe involved activity was really high and challenging due to the overall system pressures. On 23 June 281 hours were lost as a consequence of hospital handover delays and on 24 June 228 hours were lost.
2. Sue recognised that the problem was across the whole NHS system and pointed out that her story was not a complaint but more of what lessons can be learned from it.
3. Her husband fell on the evening of 22 June. Along with a friend Sue managed to pick him up and put him in bed. Sue rang the ambulance service around 1.30 am and was advised there would be between a 7 to 10 hour wait. At this point John was in a chair by the bed. Sue rang again around 9.30 am to check on progress and received a call around 10 am from the ambulance service and went through the triage questions. By midday Sue's son had arrived and managed to return John to bed. John was in a lot of pain and was bordering on delirium.
4. Around midday, Sue then rang the GP, the district nurses and the one stop shop and nobody could provide any help. On reflection Sue says she should have asked the GP to provide a strong analgesic due to John's pain; all Sue could administer was paracetamol and fluids.
5. At around 4.45pm a first responder arrived who was excellent and was worried about

John, he called a clinician who agreed that the ambulance response should be escalated to Amber with blue lights. The ambulance did not arrive until about 8.30pm.

6. John was conveyed to the ED at Glan Clwyd and was taken in to the hospital within 30 minutes. Following x rays, ECG and a pain block he was returned to the ambulance, Sue was unsure how long he was in the ambulance for.
7. Following surgery on 24 June John's dementia has worsened. Sue now realises it is in John's best interest that he receives care on a 24 hours basis, which Sue is unable to provide. John is still in Denbigh Community hospital and has been there for the past 5 weeks. Sue is convinced that the wait combined with the surgery has had an impact on John's condition and understands it is very unlikely that John will be able to come home.
8. In terms of the questions Sue was asked during her call to the ambulance service she noted none of them related to dementia, especially regarding delirium and this should be considered going forward.

Comments

1. Wendy Herbert reiterated her huge thanks to Sue for sharing her story which had a great impact and will have an influence on the way the Trust delivers its services going forward.
2. Andy Swinburn expressed his sadness that the Trust had failed in its delivery care for John and articulated his apologies. The Trust was continually looking for alternative initiatives to keep ambulances away from the ED; this included increasing the skills of paramedics to treat more people in the community. In terms of pathways the Trust continued to work actively in collaboration with other health board colleagues to improve this area. The Trust was in the process of transformation to become a better community provider and not just a conveying organisation. In terms of analgesia in the ambulance service, the Trust was limited by various legislations and was in the process of identifying funds to allow first responders to better manage pain relief.
3. Lee Brooks explained that over the last 2 years the Trust had recruited 260 staff and was committed to keep this growth happening; despite all the challenges. The Trust was working on the review of rosters in order to service the demand in all areas as best it could; and this should occur in September. Staff attendance, clearly Covid has had a massive impact and has led to less ambulances on the road. The Trust continued to provide a high standard of wellbeing to its staff. The Clinical Support Desk (CSD) has seen an increase in staff by 50% over the last 6 months. The Trust works on seasonal impacts and each season tactics are developed to maximise capacity and reduce waiting times in the community as much as possible.
4. Wendy Herbert updated the Committee on the dementia work the Trust was conducting which was to ensure the workforce was suitably trained and educated to provide the appropriate and proper care for patients with dementia and also their carers. Wendy Herbert agreed to look at how to improve the experience of families when calling the CSD.
5. Sue realised that that the issues spanned across the whole NHS. There was limited assistance available for people in the community who had suffered a fall and needed picking up. Also, the questions being asked through triage did not cater for the issues she was faced with. Jonathan Turnbull-Ross reported that the Trust was working to improve its response to fallers in the community; this included collaboration with St

John ambulance and health boards. He agreed to inform Sue with any progress in terms of the work and insight with regards to fallers specifically with BCUHB.

6. Sue was reassured by members of the Committee that the Trust Board had raised the concerns with the Health Minister and was doing everything in its power to improve the situation.
7. Was the Trust combining the information that were typically linked to having an ageing population and as inevitably more patients will present with dementia, were there any plans to accommodate this?
8. In terms of the questions from Clinical Service Desk staff, Sue was asked if there were any further questions that would have been useful. Sue said that once it was known the patient had dementia, there should be other specific and additional questions which could be posed on a case by case basis.
9. The Chair in summarising, reminded the Committee that the system pressures and the impact on patients and staff had been escalated to several forums. No one individual can make the change. It was important to continue to hear these stories which will incentivise the Trust to do the best it can and try and create some positive change in the system. This story will also help the Trust to develop its dementia plan and strategy going forward.
10. Carol Jones, on behalf of BCUHB offered their sincere apologies for the delays which were not acceptable. Sian Jones, ED Matron at BCUHB added that a great deal of work was underway in trying to manage and improve the ambulance handover delays.

RESOLVED: That the patient experience was noted.

33/22 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022 -23 Q1

Lee Brooks presented the report recognising that most colleagues had seen the report at other meetings, with that in mind he provided the following update:

1. During the first heatwave the Trust escalated to Resource Escalation Action Plan (REAP) level 4; the measures taken had been very effective. Currently the UK was experiencing another heatwave and although not as severe as the first one still presented its own challenges. Media engagement with the public in terms of providing advice under the current heatwave circumstances was not as extensive as the initial one.
2. The Trust was currently experiencing an outage in the computer system used to refer patients from NHS 111 Wales to out of hours GP providers and had declared a Business Continuity Incident. Committee members were assured actions to mitigate impact had been put in place and were being evaluated to consider those that might be incorporated into its business as usual approach. As a result of the outage there have been some incidents raised on the Trust's incident reporting system, Datix, but none had been raised indicating harm to patients.

Comments:

1. Why was the media campaign during this current heatwave not the same as the first heatwave? Lee Brooks explained that a media statement has been released but the Trust's engagement will not be as significant. He was confident that members of the

public would have heeded the warning from the first media coverage.

2. The Committee discussed the merits of media coverage and the sustained coordinated campaign at an all Wales level which the Trust could benefit from; it should also help the public understand and recognise the role they can play in helping to minimise demand across the system.
3. The Chair referred to a recent visit she had made to the Hazardous Area Response Team and praised the positivity shown by them regardless of the demand and challenges they faced.

RESOLVED: That the update was received and discussed.

34/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch drew the Committee to the following highlights from the report:

1. The two highest risks, 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 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), details of actions to mitigate these risks will be contained in the Board and Committee reports in September.
2. Risk 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation) has been transferred to the People & Culture Committee for oversight given that the Health & Safety function and programme of work were now included in the Terms of Reference and cycles of business for that Committee.
3. It was noted that the Assistant Directors Leadership Team had identified new risks that would be reported to a future Committee.
4. The Committee's attention was drawn to the new nationally agreed risk matrices and the risk reporting timetable.
5. The Committee noted the improved Board Assurance Framework which reflected the work undertaken to strengthen the articulation of risks and describes the controls and assurances and any mitigations against the risks.

Comments:

In respect of risk 223 it was suggested the Trust highlight ongoing discussions in respect of Section 28 Coroners Reports and how these were considered nationally.

RESOLVED: Members considered the contents of the report and:

- (1) Noted that the 'avoidable harm' action plan would be incorporated into the BAF to support further mitigation of Risks 223 and 224;**
- (2) Noted the improved Board Assurance Framework;**
- (3) Noted the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors;**
- (4) Noted the 2022/23 Risk reporting timetable; and**

(5) Noted the transfer of Risk 199 to the People & Culture Committee.

35/22 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (INCLUDING REVISED KEY PERFORMANCE INDICATORS)

Prior to the update, Rachel Marsh pointed out an error in the report, the recommendation was for the Committee, and not the Board as stated.

In terms of highlights the following was brought to the Committee's attention:

1. 111 Clinical response –call answering performance and clinical ring back times remain below target. Recruitment and retention of call handlers and clinicians remain a priority and urgent discussions are ongoing to identify how the Trust can increase clinician numbers.
2. Response times – red and amber response times remained at unacceptable levels, in particular the amber tail; the amber 1 95th percentile was at 6 hours and 50 minutes. Actions continued to be undertaken to maximise the Trust's ability to respond and to mitigate risks to patients.
3. Ambulance Care, it was noted that there was relatively good performance. In particular the Trust was above the target for enhanced renal patient arrivals prior to appointment in July 2022 and has improved for patients requiring discharge; however. Overall demand for the service continued to increase although it has not yet recovered to pre CoVID-19 levels.

Comments:

1. Ambulance response, patients waiting in the amber category for over 12 hours, what was the Trust's advice/answer to these patients? Rachel Marsh explained that the total number of patients using other transport means such as taxis has significantly increased. Lee Brooks added that the Trust worked on the principle of enabling the caller/patient to make their own decision. An estimated time of arrival (ETA) within a certain time banding was being developed and would be offered to the caller/patient. The Trust was looking to reduce the time banding width and to increase the ETA accuracy. The caller/patient would be able make an informed decision on the response time and wait or whether to make other arrangements. Call handlers could face a predicament whereby they may be asked for advice on what to do, the Trust's position on this would be to offer the ETA and leave the ultimate decision to the caller/patient. In the background, the Clinical Support Desk (CSD) will monitor and if a need to travel has been identified, the CSD will manage the situation.
2. In terms of stroke patients and the length of waiting time, once the EPCR and health board data was matched and stroke was confirmed as the chief complaint; the Trust could begin to understand the clock time start on the treatment window. Going forward early identification of a stroke, establishment of the clock start time and treatment window and the prioritisation of that patient moving through this time period should be explored. Dr Brendan Lloyd explained that this situation could become more complex, due to the clinical recommendations around the time window for a Thrombectomy (a type of surgery to remove a blood clot from inside an artery or vein) It was being proposed that this may be extended from five hours to ten hours which would mean a significant number of patients would fall outside of the therapeutic window currently being used, and would therefore be in the amber 2 category. Furthermore, in relation to this the Trust was also exploring a project looking at using direct video consultation for front line clinicians with specialists in the stroke unit.

3. Wendy Herbert updated the Committee on the situation regarding the poor performance for the two day response target to concerns. This was due in part to staff resourcing which had now been addressed. In terms of compliance of the 30 day response, this had also deteriorated due to staff vacancies. There has also been a large increase in coroners' activity and Medical Examiners requests, both of which compromised the ability to respond to the 30 day target.
4. What was the difference in outcome in sending an ambulance after 12 hours or not sending one? And why was the Trust taking patients to hospital after several hours? Andy Swinburn explained if the patient has waited over 12 hours a positive outcome would be highly variable depending on the nature of the patient's complaint. In terms of advising people going to hospital, he used the following scenario as an explanation. There were 10 ambulances outside the Emergency Department all with patients with elderly fallers with hip injuries. A 35 year old person with chest pain then calls and is advised to make their own way to hospital. The patient then arrives in the Emergency Department and is immediately prioritised above those waiting in the ambulances. If the patient had been clinically triaged and taken through the Emergency Communication Nurse System (ECNS) the likelihood of it being a cardiac issue would probably have been doubtful. In this scenario the Trust may potentially have contributed to its own delays. Liam Williams pointed out it was also very important to consider the risks involved when advising callers either to wait or to self-transport.
5. The Committee expressed their concern that the Trust was consistently losing around 30% of its conveying resources and the increase of Appendix B referrals.
6. What was the reason for the number of clinical vacancies in 111? Rachel Marsh explained that the turnover rate was relatively high; the Trust was looking at initiatives to improve recruitment and retention which included maximising home working opportunities.

RESOLVED: That the Committee considered the June/July 2022 Integrated Quality and Performance Report and actions being taken and determined that it provided sufficient assurance.

36/22 QUALITY HIGHLIGHT REPORT QUARTER 1

Jonathan Turnbull-Ross presented the report and advised that it sought to provide assurance in line with Commissioning Core Standards, All Wales Health & Care Standards (2015) and the Health & Social Care (Quality & Engagement) (Wales) Act 2020, that promoted a Duty of Quality and Duty of Candour. He added that he report illustrated any governance concerns, issues, risks and area for improvement across the commissioned services.

In terms of key issues the Committee were updated on the following:

1. The once for Wales concerns management system; some of the older cases were being closed.
2. The new improvement group for older people and falls will be working on community resilience, volunteer strategy and patient experience and community involvement.

Comments:

1. Could the report be more succinct for the Committee and explain what was meant by the Paramedic Pathfinder? In terms of the length of the report, Jonathan Turnbull-Ross explained the report had been refined and agreed to further review it. In terms of the Paramedic Pathfinder this was a tool used to establish the relevant pathway for the patient, in a pre-hospital setting
2. Notification to handover lost hours, was there a way the Trust could evidence if the Trust was at the Commissioning intention target what the overall situation would look like? Rachel Marsh explained that Optima were conducting some modelling which will look at a 25% reduction but that would still be inadequate.
3. What were the governance arrangements for Allied Health Professionals (AHP)? Wendy Herbert advised that the Trust was discussing the role of AHP within the Trust with Welsh Government where clarity would be sought. She added that the Clinical Quality Governance Group within WAST were reviewing the role and function of the AHP. A discussion ensued whereby the Committee considered the merits, advantages and risks of AHP's from all types of background working within WAST.
4. Members were pleased to see how encouraging the Falls assistance service continued to be and felt it would be good to expand on this as it was having a positive impact on patients and reducing operational pressure for WAST .
5. In relation to older people Members asked why there wasn't more collaboration with the private sector and it was agreed that Wendy Herbert would investigate this further.
6. Going forward, the Committee requested to see more information relating to care home focused improvements work beyond the geographical area of Pembrokeshire.

RESOLVED: The Committee discussed and noted the report

37/22 PATIENT SAFETY REPORT Q1 2022/23

Wendy Herbert drew the Committee's attention following points to note:

1. Verified demands had decreased, however there had been an increase in red activity.
2. In terms of an amber response there had been a deterioration with this position and the impact to patient experience and outcomes will be noticeable. .
3. The Trust is currently not compliant with the two day and 30 day response targets due to the volume of complaints being received.
4. Appendix B activity had remained exceptionally high, 117 of the incidents were discussed Serious Case Incident Forums; 17 of these incidents met the National Reporting Incident Framework with 15 shared with the relevant health board. In addition to the Appendix B Report(s) being sent to the relevant Health Board's Patient Safety Team, the anonymised reports were now also sent to Health Care Inspectorate Wales (HIW).
5. There continued to be high levels of reporting for patient safety incidents which illustrated the excellent reporting culture.
6. During this quarter there were 1,807 immediate release requests, of which 43.7 % were declined. Work was ongoing with partners and July was showing signs of improvement.

Comments:

1. Whilst there had been an improvement in the immediate release compliance, the Committee expressed concern that BCUHB declines exceeded 50%. Wendy Herbert explained this figure had recently improved following liaison with health board colleagues. She added there had been an improvement across Wales for red release but amber still remained a challenge to achieve.
2. Going forward it would be useful to see, as improvements were made, how that translates into the Trust's ability to respond and how that was evidenced. Lee Brooks explained that a weekly report was produced which showed the numbers of red and all immediate releases. The Trust received a narrative report on the declined red, with a dip sample on the ambers. Heath boards received a regular report on the learning from the immediate release reports.

RESOLVED: That the report was noted.

38/22 CORONER REGULATION 28 REPORTS RECEIVED

Wendy Herbert presented the report to the Committee noting that the long wait for an ambulance had clearly impacted on the patient's death.

Comments:

What could the Trust have done differently and was the coroner in communication with the health board. Wendy Herbert explained that the Trust's response to the coroner clearly articulated this. The health board was not issued with this Regulation 28 report.

RESOLVED: That the report was noted.

39/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT

Leanne Hawker gave an overview of the report and drew the Committee's attention to the following:

1. The Peci tem continued to hear concerns regarding response times and delays in the back of ambulances.
2. The team were also identifying anticipatory anxiety across all communities.
3. Digital exclusion was an issue for some members of the community; this included internet coverage which in some areas in Wales was poor.
4. The team continued to advise staff in recognising the issues of people with learning disabilities and the need to make reasonable adjustments in terms of the response and care. Also to recognise when people with learning disabilities were in pain.

Comments:

1. The Committee acknowledged the issues around digital accessibility and also the issues with affordability for some people.
2. In terms of older people some were categorised as 50 plus, what was the age

category in WAST. Leanne Hawker advised that WAST determined an older person to be 60 plus.

3. In terms of feedback from Community Health Councils (CHC) following the PECl team's engagement with them were there any themes and trends emerging? Leanne Hawker explained there was nothing particular but they very keen to understand how the Trust disseminated its messages to the public and how this was evidenced.
4. The Committee welcomed the report and acknowledged the excellent being undertaken by the PECl team.

RESOLVED: The Committee;

- (1) Approved the highlight report for release to the NHS Wales Patient Experience Network, the WAST People and Community Network and external stakeholders; and**
- (2) Noted and supported the actions being taken.**

40/22 HEALTH INSPECTORATE WALES (HIW) EMS CCC PATIENT SAFETY REVIEW

Lee Brooks explained this was the ongoing work in terms of the actions following the HIW review of the Clinical Contact Centre.

An update was given on the actions as follows:

1. The actions from the year 2019/20 had been completed.
2. There were 3 actions ongoing from year 2020/21 and 4 from year 2021/22.
3. The 3 actions from 2020/21 were now considered to be completed.
4. The 4 actions from 2021/22, 2 were completed and 2 were ongoing which were overdue and the Executive Management Team have concurred with the position in terms of the actions which have a timeline for closure.

Comments:

Following a query in terms of the action to ensure that protected time was given to staff for appraisal discussions, Lee Brooks advised that the action was on target and was being tracked.

RESOLVED: That the Committee

- (1) Noted that Executive Management Team received and approved the progress against the HIW Action Plan; and**
- (2) Noted the contents of the report to secure the necessary assurance that progress was being made by the Trust against the HIW recommendations.**

41/22 QUALITY STRATEGY HIGHLIGHT REPORT QUARTER 1

1. Jonathan Turnbull-Ross gave a verbal update commenting that progress during quarter 1 had been very challenging with some actions being delayed. There were

risks to delivering the strategy on time.

2. A workforce review has been undertaken and approval was expected to progress this into a formal consultation period with it becoming live in November. The Trust had originally requested funding for an additional four senior roles but had only received funding for two.
3. Jonathan Turnbull-Ross remained optimistic these posts would be recruited to by October.

Comments:

1. The Committee recognised that the Trust was operating in an increasingly tight financial environment and there were difficult choices to be made. There were other options the Trust could utilise, for example, local champions who would be critical to the delivery of the strategy.
2. Members acknowledged it was an ambitious strategy and would require collective cooperation from all involved to ensure its success, particularly at the grass root level.
3. The Chair made reference to the Committee action log discussed earlier at the meeting and those actions relating to the Quality Strategy; noting that the strategy should be integrated into everyone's role and what practical steps will be taken to develop this. Following on from this there will be broader discussion at Board Development and EMT after which more actions and clarity were likely to emerge.

RESOLVED: The update was noted.

42/22 INTERNAL AUDIT TRACKER REPORT

1. Julie Boalch explained that the purpose of the report was to provide the Committee with an update in relation to recommendations resulting from Internal Audit reviews and also give the Committee sight of the Internal Audit plan activity.
2. An internal audit review had been conducted on the Trust's Respiratory Protective Equipment which received a reasonable assurance rating.
3. There were currently three high priority recommendation shown as overdue and these related to the role of the Advance Paramedic Practitioner (APP) and the Respiratory Protective Equipment reports.

Comments

In terms of the Respiratory Protective Equipment, the Committee noted there was still further work for improvement, for example around fit testing. Jonathan Turnbull-Ross explained the Trust was more assured on current processes and that standards would need to be maintained. He added that the Trust had been approached by other organisations to provide them with fit testing which demonstrated some external validation.

RESOLVED: The Committee:

- (1) Noted and considered the report;**
- (2) Considered the Internal Audit Plan activity;**

- (3) Received one current Internal Audit Report relevant to the Committee; and**
- (4) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to the Committee.**

43/22 NHS WALES NATIONAL CLINICAL AUDIT AND OUTCOME REVIEW PLAN 2022/23

1. Duncan Robertson advised the Committee that the Clinical Directorate had received a request to review WAST's contribution to the NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23 and provide the organisation's position.
2. The criteria for clinical audits included in the National Clinical Audit and Outcome Annual Review Plan do not directly relate to the pre-hospital environment or necessitate the inclusion of WAST clinical data. The Trust, following a review by the clinical audit and effectiveness team determined that no contribution was required.
3. The Clinical Audit Programme for quarter 1 2022/23 was presented for the Committee's approval.

Comments:

Trish Mills confirmed that the Quest Committee approved the programme and provided assurance to the Audit Committee. She proposed to complete a brief highlight report on this topic to the Audit Committee.

RESOLVED: That the Committee;

- (1) Noted the update for the NHS Wales National Clinical Audit and Outcome Review Plan;**
- (2) Approved the WAST Q1 Clinical Audit Programme; and**
- (3) Confirmed the submission route and frequency for approving the WAST Clinical Audit Programme**

44/22 INFECTION PREVENTION CONTROL ANNUAL REPORT

1. Jonathan Turnbull-Ross informed the Committee that In the last 12 months, activity for the Infection Prevention & Control (IPC) Team has largely remained pandemic focused however, more recently, business as usual activity has merged with pandemic work.
2. There have been many improvements with IPC, all aimed at providing and continuing to maintain safe services for both patients and staff.
3. The overall governance structure has been revised and was more pragmatic to meet the needs of the Trust.
4. Going forward, the Trust should continue to learn from the fallout of Covid-19; and to consider the ongoing risks.
5. A key factor had been to understand the needs of staff and this had resulted in the improved development of training.

Comments:

1. The IPC policy was due to be reviewed in June and would it be presented at this Committee for approval? – Jonathan Turnbull-Ross explained it was currently being reviewed and continued to be updated to take into account the current situation and was likely to be presented at the next meeting.
2. What was the plan when Fit testing failed? Jonathan Turnbull-Ross advised that other suitable devices were offered should any of the Fit testing masks fail.
3. The Committee noted that a new risk had been added Risk ID 536 (the ability to sustain a comprehensive fit testing programme within the Trust). Jonathan Turnbull-Ross explained that the risk score of 12 was to be confirmed following further work by the IPC team.

RESOLVED: That the Committee noted the information within the paper and received assurance that the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained.

45/22 PATIENT STORY DRIVER DIAGRAM

The report was for information purposes only.

RESOLVED: That the report was noted.

46/22 COMMITTEE PRIORITIES UPDATE

The report was for information purposes only.

RESOLVED: That the report was noted.

47/22 KEY MESSAGES FOR BOARD

The Chair advised that Trish Mills would provide a detailed report for the Board's attention.

48/22 ANY OTHER BUSINESS

The Committee thanked Wendy Herbert in her role as the Interim Director of Quality and Nursing for the contribution and support she had provided to the Committee.

Date of Next meeting: 10 November 2022