

## WELSH AMBULANCE SERVICES NHS TRUST

### MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 4 FEBRUARY 2025 VIA TEAMS

#### Meeting started at 09:30

#### PRESENT:

Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director and Vice Chair of the Board
Rhiannon	Non-Executive Director
Beaumont-Wood	

#### IN ATTENDANCE:

Claire Appleton	Assistant Director of Putting Things Right (Left after item 12/25)
Kate Blackmore	Assistant Director of Quality Governance (Left after Item 12/25)
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations (Left after item 12/25)
Jonathan Chippendale	Consultant Paramedic
Kathryn Cobley	Head of Inclusion and Engagement (Item 4/25 only)
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Leanne Hawker	Head of Patient Experience & Community Involvement (Left after Item 9/25 and rejoined at 16/25)
Wendy Herbert	Deputy Director of Quality and Nursing
Fflur Jones	Performance Auditor, Audit Wales (joined at item 5/25, left after 12/25)
Gerallt Jones	Healthcare Inspectorate Wales (Left during item 13/25)
Alison Kelly	Business and Quality Manager
Osian Lloyd	Head of Internal Audit, NWSSP (Left after Item 12/25)
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Left after item 12/25)
Trish Mills	Director of Corporate Governance/ Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Left during item 8/25)
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine (Left after Item 12/25)
Liam Williams	Executive Director of Quality and Nursing

**OBSERVERS:**

Maxine Evans	Joint Commissioning Committee (JCC) - Risk Manager (Left after item 12/25)
Emma Gracia-Young	Investigating Supervising Officer (Left after Item 12/25)
Michelle Kennedy	Deputy Director of Remote Clinical Care
Jacqueline Maunder	JCC - Committee Secretary & Associate Director of Corporate Services (Left after Item 12/25)
Charlotte Walker	Older People Improvement Lead (Left after Item 12/25)

**APOLOGIES:**

Henry Garrard	Trade Union Partner
Angela Mutlow	Director of Operations Llais

**01/25 PROCEDURAL MATTERS**

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Henry Garrard and Angela Mutlow.

**Declarations of Interest**

There were no further declarations of interest to those already listed in the Register.

**Minutes**

The Minutes of the meeting held on 5 November 2024 were confirmed as a correct record.

**Chair's Action**

Approval of the High Intensity User Policy: The request was for the approval of the updated High Intensity User Policy v1.13. This request was made in the interests of time and with a desire to seek approval for implementation as soon as possible (prior to the next meeting of the Committee in early February 2025). The Committee were asked to ratify the Chair's action.

**Action Log**

The action log was considered:

*Action 51/24: Impact of Changes to Stroke Categorisation: The Committee noted that updates on the location of stroke units will be provided in due course. Although the timeline was uncertain, Andy Swinburn agreed to keep the Committee updated. It was suggested that this action was closed and an update brought back at a future date. It was clear that no progress has been made, and a definitive decision was unlikely to be provided imminently. It was agreed that this action was closed.*

*Action 68/24: Putting Things Right Report Quarter 2, July - September 2024. The Committee asked that relevant colleagues consider the structure of the Putting Things Right Report and what the Committee needs to focus on. This should be considered for the next report. Liam Williams advised that the report had been updated, and it was agreed that the action was closed.*

## **Committee AAA report dated 5 November 2024**

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 5 November 2024.

### **RESOLVED: That**

- (1) Apologies were recorded for Henry Garrard and Angela Mutlow.**
- (2) The Minutes of the Open meeting held on 5 November 2024 were confirmed as a correct record.**
- (3) The Committee ratified the decision made by Chair's Action to approve the High Intensity User Policy. The item of business was issued via email on 12 December 2024 and approved as requested. The confirmation of the decision was confirmed via email on 18 December 2024.**
- (4) Consideration was given to the Action Log and the AAA report as described above.**

## **02/25 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2024/25 Q3**

Lee Brooks presented the report and drew the Committee's attention to the following:

1. Manchester Arena Inquiry and Grenfell Fire Inquiry: There was good progress on these inquiries and expressed optimism about starting the scrutiny process with commissioners soon.
2. Powys Major Incident and December Critical Incident: The Committee were updated on the Powys major incident and the December critical incident, highlighting the challenges faced, including high call volumes and extended handover delays at Emergency Departments (ED). He mentioned that debriefs for these incidents were either completed or will follow.
3. Critical Incident Response: Details were provided on the response to the critical incident, including command arrangements and proactive media engagement, which helped manage the situation. He noted that the critical incident debrief will follow as normal.

Mental Health Response Vehicle (MHRV): There were some good initial results from the MHRV which was introduced in November, noting there were encouraging outcomes.

4. Clinical Model Transformation: Lee Brooks highlighted the role of integrated care, particularly the care planning desk and the CPSS winter desk, in managing patient care and reducing the need for ED visits.
5. Welsh Call Answer Rate: The Welsh call answer rate in 111 services has improved, emphasising the team's efforts to improve overall performance.

Red Breathing Problem: There had been an increase in red breathing problems, particularly in the 06 and E01 determinant codes. Further analysis was undertaken which revealed more red activity originating from 111 calls compared to 999 calls. This was unusual and prompted further investigation. Lee Brooks explained that the team implemented a clinical validation to ensure it was appropriate to pass the call to 999 for an emergency response. This process led to a reduction in red activity moving from 111 to 999 for breathing problems in the 0-4 age group, indicating that these calls could be effectively managed within the 111 service. He highlighted the need to review the trigger words used in the call handling systems and the hand-off mechanism from a 111 call handler to a 999 call handler to address potential over-triaging

Rhiannon Beaumont-Wood acknowledged the importance of continuing with the clinical validation role or a similar model, particularly for paediatric cases, as children can become very sick quickly. She emphasised the need to keep a close eye on these cases to ensure safety. Lee Brooks confirmed that the clinical validation process was being assessed, with a paper expected soon to discuss the synergies between the call handling systems used in 111 and 999 process.

Liam Williams highlighted that the Trust has updated the call handling system to increase the number of questions that would require a higher priority response, particularly for sepsis. These changes were validated through external peer review and an international review. Liam asked the Committee to note the addition of a children's Nurse and a Physiotherapist as Advanced Clinical Practitioners (ACPs) to strengthen specialist knowledge within the Trust. He also mentioned the involvement of a Specialist Registrar (SPR) from Public Health Wales (PHW) to improve understanding and data flow between community-acquired infections and urgent emergency demand.

Rhiannon Beaumont-Wood inquired about the additional impact or collaboration from partners when the major incident was declared, asking if it was effective in terms of getting other stakeholders on board to help manage the challenging situation. Lee Brooks explained there will be a debrief process, which was not yet complete, and part of that will consider the impact of the collaboration.

Ceri Jackson asked for an update on the Cymru High Acuity Response Unit (CHARU) rollout, emphasising its importance for managing the most serious calls. Lee Brooks explained that it was moving in a positive direction with the Unit Hours Production (UHP) on CHARU, especially with hitting 90% on a weekly basis.

**RESOLVED: That the report was received.**

## **03/25 COMMITTEE EFFECTIVENESS REVIEW**

Trish Mills provided a slide show on the Committee Effectiveness Review and drew attention to the following area of consideration within a committee effectiveness review.

- Broadly the idea of the Committee Effectiveness review was to consider the purpose and delegated remit of the Committee, the reporting and assurance and the use of Mentimeter for colleagues to provide ideas and comments.
- Aligning our Purpose: The aim was to ensure that Quest's responsibilities and activities were closely aligned with Health and Care Quality Standards, as well as long-term objectives for delivering excellence. This was a crucial step in maintaining a high level of quality, patient experience, effectiveness, and safety.
- Committee Delegated Remit and Reporting: This considered how to enhance the oversight of strategic direction and delivery within committees, especially given the long-term nature of strategic plans. These could be annual or biannual updates that provide a snapshot of how the plans were progressing. This ensured continuous monitoring without waiting for the full plan to be completed.
- Develop a system where strategic updates were integrated into regular committee reports. This could involve a brief section in each report dedicated to strategic progress, ensuring it remained a consistent part of the discussion.

Trish Mills added that each meeting could have a thematic focus on different aspects of the strategic plan which can assist in the flow. Going forward, workshops or sessions dedicated to envisioning what success looks like in 2028 would help clarify long-term objectives and ensure everyone was aligned on what "good" looks like.

It was suggested that the Quality and Performance Management Framework (QPMF) might better sit with this Committee rather than the Finance and Performance Committee. However, that framework is focused on floor to board quality and performance and is suited to the remit of the latter committee. Issues related to quality that arise could be referred to this committee.

Members noted the need for more frequent reporting on mental health legislation and infection prevention and control (IPC). Liam Williams explained that bringing together segmented services like Mental Health Response Vehicle (MHRV) and remote care into a cohesive mental health service could enhance coordination and response.

The Committee considered adding specific references to evidence-based practice in the Terms of Reference (ToR). The importance of robust data-driven decision-making was also emphasised by Rhiannon Beaumont-Wood.

Liam Williams highlighted the challenge of balancing high aspirations with the reality of external influences that impact the ability to deliver the desired quality of care, and how that can be reflected in the ToRs.

There was a discussion on whether to rename the Citizen Voice and Patient Experience section of the terms of reference to "Person-Centred Care" to better reflect a holistic approach, which was agreed. The need to include population health understanding and continuous engagement in service design in reporting was also highlighted.

Rachel Marsh highlighted the importance of leveraging public engagement to inform and improve the Trust's core service model. This was a crucial aspect of ensuring that services were designed to meet the needs of the community effectively.

Governance:

A comprehensive plan was in place for focusing on the Strategic Board Assurance Framework (BAF) in 2025/26, with a clear link to strategic direction and risk management. There was a robust structure in place for the reporting of the Monthly Integrated Quality Performance report (MIQPR) and Putting Things Right (PTR) Reports. Referencing the Duty of Candour report within the PTR report enabled the reporting process to be more streamlined. There was regular reviewing and refining of the reporting processes, which will help ensure they remained effective and aligned with the strategic goals.

Mentimeter Engagement: The Committee used Mentimeter to gather feedback on the effectiveness review, with participants contributing their thoughts on various aspects of the Committee's work. Trish Mills thanked everyone for their engagement and for their comments, noting that their comments will be circulated in due course. It was also noted that the changes to the ToR and Annual Report will also be circulated through a Chair's Action as the committee would not have an opportunity to meet again before the Audit, Risk and Assurance Committee on 1 May where these documents would be presented.

#### **RESOLVED:**

- 1. Members reviewed the committee's terms of reference and changes as agreed will be circulated for email approval by Chair's Action. The re-ordering of the terms of reference to align to the Health and Care Quality Standards was agreed for 2025/26.**
- 2. Members reviewed the cycle of business and agreed to changes as agreed and this will be circulated for approval by Chair's Action**
- 3. The Committee reviewed the draft Annual Report ahead of it being finalised and circulated for email approval by Chair's Action.**

#### **04/25 PATIENT STORY**

Liam Williams advised that the Putting Things Right (PTR) Team has recently recorded video about a Deaf patient/complainant, Gemma Hearn and the PTR staff who have been assisting her. They all expressed the challenges in responding to a Deaf complainant.

The patient story highlighted the challenges faced by Gemma, a profoundly deaf British Sign Language (BSL) user, in accessing healthcare services. Gemma experienced significant communication barriers, leading to distressing and embarrassing situations.

Several key issues were identified: Miscommunication due to language barriers, as BSL has its own grammar and structure different from English, limited access to suitable sign language interpreters, especially in urgent or emergency situations. The story has shown that the need for increased education and awareness among healthcare staff regarding the deaf community's needs.

Leanne Hawker emphasised the importance of recognising that not all deaf people have learned to read or write in English, and that communication technologies should have a strong visual emphasis. It was recognised that there was a need to adjust questions in 111 and 999 services to accommodate the deaf community's needs. There was potential for staff training in BSL to improve communication with deaf patients.

Wendy Herbert asked whether the Trust has made progress in addressing the issues faced by deaf users, as this was not the first time such a story has been raised.

Jonny Sammut highlighted the need for patient voice in co-designing future technologies and mentioned ongoing work with Microsoft on translation software that includes BSL components. He asked for collaboration to improve this area.

Ceri Jackson asked about the legal context and the accessible healthcare standards, emphasising the importance of continuous effort in improving services for the deaf community. Ceri Jackson also inquired about collaboration with charity partners to maximise opportunities for improving services for deaf users.

Bethan Evans inquired what the Trust needed to put in place for staff to be able to engage with patients, regardless of their personal circumstances.

Emma Gracia-Young explained that she was the first point of contact for Gemma, and it was a powerful story. The main challenge was securing a BSL interpreter, which took months due to availability issues. She added there was excellent work happening within the Trust, in the 111, and 999 services, but it was not always visible. She expressed there was a need for more BSL-trained staff or accessible interpreters. The meeting she had with Gemma and the team was very moving and highlighted the importance of continued efforts to improve services for the deaf community.

Kathryn Cobley acknowledged that the Trust was not in a better place regarding services for deaf users, despite efforts. She highlighted there were significant political and systemic challenges that need to be addressed. She emphasised the need for a robust review of all current systems and procedures related to booking interpreters and providing accessible communication. She raised concerns about capacity issues within the Trust, including the need for a working group, training, and time for staff to attend training. She emphasised the importance of addressing these capacity challenges to improve services for deaf users.

The Chair asked that the People and Culture Committee (PCC) monitor the progress of the wider accessibility initiative, focusing on supporting deaf individuals and others facing barriers to accessing services and engaging with the Trust. It was agreed that as Chair of the PCC, Ceri Jackson would take this action forward.

Liam Williams stressed the importance of the Trust's role as a partner in multi-agency meetings and the need for effective communication skills. He highlighted the potential of digital solutions to address communication needs and improve patient care.

The Chair thanked Gemma for sharing the story and all the colleagues involved.

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 was considering what the model should look like going forward.

**RESOLVED: The Committee received the Patient Story via a video from Gemma Hearn and noted the update on the previous story relating to Sian Davies-Kumar and the Palliative Care Model.**

## **05/25 AUDIT WALES QUALITY GOVERNANCE FOLLOW UP REVIEW 2024**

Liam Williams acknowledged the support from the Audit Wales team in completing the review, which involved revisiting the work from 2022 and the audit for 2024. He emphasised the importance of having well-structured management actions to ensure clarity and the ability to close them effectively.

Liam noted that having actions reopened from a previous audit was never ideal, but it was a fair assessment that identified the need for additional work to reach the right place. He stressed the need for ongoing assurance through reporting cycles and committee reviews.

Fflur Jones acknowledged that the review saw many areas of progress in implementing the recommendations from the 2022 review. She noted that actions were taken against every previous recommendation, even if some were not fully complete. She mentioned there were opportunities to take things further to provide fuller assurance, as the report focused on the level of assurance provided to the Committee. Fflur Jones highlighted the positive response from the Trust in addressing both the 2022 and 2024 recommendations, being specific about when they would consider closing off those recommendations to avoid similar situations in the future.

Rhiannon Beaumont-Wood sought an understanding on the timeline for improvements in the mortality review and the full implementation of the Duty of Candour. Liam Williams explained there has been good progress in identifying cases, working with medical examiners, and learning from coroner inquests. The Trust was working to improve data collection and making certain fields mandatory in the Electronic Patient Care Record (ePCR). The Trust was also exploring how to track patients through the entire pathway, which involved working with Digital Health and Care Wales (DHCW) and using the national data resource.

Liam Williams commented that the Trust was fulfilling the Duty of Candour where there was clarity required on catastrophic or serious harm. However, identifying and reporting moderate harm remained a challenge, and more work was needed in this area.

Wendy Herbert agreed with Liam's points and highlighted the challenges faced when the Joint Investigation Framework was invoked. She noted that it became difficult to determine who was responsible for triggering the Duty of Candour when the investigation was shared with Health Board colleagues. She mentioned that when the incident clearly sat within the

Trust, the team triggered the Duty of Candour immediately. However, in joint investigations, the process took more time.

Ceri Jackson asked for more details on the progress with achieving robust outcome data through the work with DHCW. Liam Williams commented there was a commitment from the ELT to work with DHCW. The Trust was enhancing the use of ePCR data to better understand the quality of care and segment data more effectively will undoubtedly improve patient outcomes. Additionally, having Health Boards contribute their data will enable more comprehensive pathway analysis and a better understanding of population health impacts.

Bethan Evans acknowledged there was a strong commitment to continuous improvement and collaboration within the Committee. Both she and Ceri Jackson were open to further discussions offline to explore how to move forward effectively. It was agreed that the respective chairs, including vice chairs, could support the efforts related to the Duty of Candour by leveraging their roles in the Quest chairs network. This support would help in addressing the challenges and ensuring the necessary improvements were made.

**RESOLVED: That the review was acknowledged and the associated responses in the review were noted.**

#### **06/25 THE DUTY OF QUALITY IMPLEMENTATION PLAN – UPDATE**

Liam Williams mentioned that the closure report would need to be brought back for formal noting at a future meeting. The Committee discussed the presentation of the report, and it was agreed it would be listed under Consent items at the next QuEST Committee meeting.

**RESOLVED: The Duty of Quality Implementation Plan Closure report would be presented at the next QuEST meeting under the Consent Items.**

#### **07/25 HEALTH AND CARE QUALITY STANDARDS: UPDATE ON THE SELF ASSESSMENT**

Liam Williams explained that Health & Social Care (Quality & Engagement) (Wales) Act 2020 came into effect on 1 April 2023, introducing the Health & Care Quality Standards 2023, which replaced the 2015 Standards. These Standards applied to both clinical and non-clinical functions.

Rhiannon Beaumont-Wood inquired about the ongoing work with the quality outcomes framework and the approach the Trust was taking. She expressed support but sought to understand more about the framework's development. Kate Blackmore explained there were several components that have not been fully translated into the current documentation. These components included a RAG Rating: A system to measure performance (Red, Amber, Green). Trend Analysis: Tracking whether performance was improving or deteriorating.

Rhiannon Beaumont-Wood also asked about the culture within the Trust regarding the ownership of Health and Care Quality Standards, acknowledging it can be challenging to ensure these Standards were fully embraced. Liam Williams highlighted ongoing conversations with the Joint Commissioning Committee (JCC) about commissioning arrangements and the promotion of a quality and safety approach.

Liam emphasised the importance of data and analysis, noting that the new Framework will likely focus on outcomes informed by data. He acknowledged that the delay in the Framework's release was partly due to the need for comprehensive data analysis. He added there has been considerable progress in the culture around quality improvement (QI) and equality impact assessments (EQIAs) within the Trust over the past 18 months. There was a recognition that more work was needed, particularly at the middle and operational levels.

Bethan Evans added that at the next, all Wales Quality Chairs Group an agenda item was listed which will discuss the approach to the Duty of Quality and Candour.

**RESOLVED: That the Quality, Patient Experience & Safety Committee note the Health and Care Standards Assessment Framework being adopted organisationally to secure assurance on compliance.**

## **08/25 DATIX RECOVERY AND IMPROVEMENT PLAN**

Liam Williams stressed that the plan sets out a journey for improvement rather than being a complete solution. The focus was on making the system more intuitive and ensuring that staff have confidence in reporting incidents, knowing that their reports will lead to actionable improvements.

Kate Blackmore highlighted the collaborative workshop held in September, which identified gaps and improvements at both local and national levels. She added that the recovery plan included improving the structure of the system and providing education tools for staff to understand their responsibilities and actions required for reporting.

Trish Mills mentioned the challenges faced with the once-for-Wales risk module and the decision to look for other solutions for managing risk.

Rhiannon Beaumont-Wood inquired about the integration of different software and the potential use of AI to assist with data assimilation. Kate Blackmore responded that they were working on ensuring data was centrally held and reportable and were considering the use of robotic processes such as Power BI to help systems communicate.

Ceri Jackson suggested that Jonny Sammut should speak to Jayne Beeslee, Non-Executive Director on the Trust Board (in her capacity as the Board Digital Champion) about the Datix recovery and improvement plan, particularly in the context of the All Wales digital network. It was agreed that Jonny Sammut would update Jayne Beeslee, with regards to her involvement in the All Wales Digital Network and the issues which are being addressed through this Improvement Plan.

Liam Williams assured the Committee that the Trust was taking a comprehensive approach to managing violence and aggression incidents. It ensured that line managers and the violence and aggression team were actively addressing and supporting these incidents.

Bethan Evans asked of the level of confidence in realising and delivering on the Datix recovery and improvement plan, noting that many of the finish dates stated in the plan have

already passed. Kate Blackmore acknowledged that some timelines do need to be revisited and proposed providing a report at the next Committee meeting to update on timelines, closed actions, and any necessary extensions. The Chair suggested that a report should only be brought back if there were any significant risks identified.

**RESOLVED: The Committee:**

- (1) Noted the current risks and challenges within the Datix Web and RL Datix Cymru platforms; and**
- (2) Noted the attached Recovery and Improvement Plan designed to mitigate the challenges stepped out in this paper.**

**09/25 PUTTING THINGS RIGHT REPORT QUARTER 3, OCTOBER 2024 – DECEMBER 2024**

Claire Appleton provided an overview of the Putting Things Right (PTR) report, highlighting the following points:

1. The report was structured differently from previous assurance reports, with data and intelligence presented separately from the report content.
2. The report includes a heat map visualisation to focus on improvements since April 2024.
3. The report was divided into sections covering quality controls, internal and external assurance, and the impact of actions taken.
4. Delays and high demand continue to shape the Putting Things Right (PTR) and legal services agenda, affecting both emergency and non-emergency transport services.
5. External activities, such as prevention of future death reports from coroners, have referenced extensive delays in reaching people in the community.
6. There was concern about whether there was sufficient capacity and resourcing to respond to quality and safety asks through PTR and legal services, especially given the competing priorities and pressures.
7. Complaints management has improved, and there was a focus on learning from external assurance and driving internal improvement.

Kate Blackmore added that the new format of the report was a significant improvement, especially with the focus on triangulating intelligence as opposed to just presenting metrics; this will provide a more comprehensive understanding of the data and its implications.

Claire Appleton commented that the Team were dealing with some significant challenges related to delays and the limitations of the current data extraction methods. There was still a lot of work to be done to improve the coding structures and data availability.

Members found that the new format with the streamlined structure made it easier to identify and focus on key priority areas, which was crucial for effective decision-making and governance.

Bethan Evans asked how far developed the iteration of the new format was, and were there any other updates that the Team was working on to have included in the report. Wendy

Herbert explained that the Trust was focusing on how to enhance patient experience and prevent patient harm, to achieve this, required comprehensive and accurate information. She added it was crucial to strike a balance between providing comprehensive information and ensuring that the key points remained clear and actionable.

**RESOLVED: The Committee received the Putting Things Right (PTR) report for discussion and were satisfied with the assurance given regarding the Trust's PTR function.**

## **10/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR) – NOVEMBER/DECEMBER 2024**

Rachel Marsh advised that the Monthly Integrated Quality and Performance Report (MIQPR) presented at the meeting was the same as the one reviewed at the Trust Board last week – due to the reporting schedule - and drew the Committee's attention to the following areas:

In December, the average response time for Amber 1 patients was 33 hours, with some patients waiting even longer. A major factor affecting response times was the handover lost hours, which exceeded 25,000 hours in December 2024.

The report outlined various actions being taken to address these issues, including the Clinical Model Transformation Programme and investments in remote clinical capacity and frontline resources.

Rachel Marsh acknowledged the presence of Joint Commissioning Committee (JCC) colleagues at the meeting, and emphasised the importance of reducing ambulance delays, aligning with the Cabinet Secretary's target of the number ambulances being delayed over an hour by the end of next year.

Rachel also mentioned the ongoing issue of patients cancelling their ambulance requests due to long response times, which likely led to harm as these patients may deteriorate while making their own way to an Emergency Department.

Liam Williams added there has been a small increase in the number of flagged safeguarding reports for children, and a slight deterioration in the number of reports for adults. While the numbers were not necessarily significant, it was important to note the considerable work the safeguarding team was doing to address internal safeguarding issues and support the wider community.

**RESOLVED: The Committee considered the November/December 2024 Integrated Quality & Performance Report and actions being taken and acknowledged that it provided sufficient assurance.**

## **11/25 FOCUS ON CLINICAL INDICATOR – STROKE**

Jonathan Chippendale provided the Committee with a presentation which focused on the points below:

1. **Measurement and Importance:** Jonathan explained the four clinical indicators for stroke care: Face, Arm, Speech, Time (FAST) test, blood glucose measurement, blood pressure, and GCS (Glasgow Coma Scale). Each indicator was crucial for diagnosing and managing stroke patients effectively.
2. **Data Quality and Reporting:** Jonathan highlighted the importance of accurate data recording and the challenges faced in ensuring data quality. He mentioned that the automated data often showed lower compliance compared to manual data checks.
3. **Performance Trends:** Jonathan presented performance trends from April 2022 to December 2024, showing an improvement in compliance with the stroke care bundle, which was closely linked to the recording of the fast test.
4. **Improvements and Next Steps:** Jonathan discussed the interventions made since April 2024, including changes to EPCR (Electronic Patient Care Record) scripting, clinician education, and the introduction of nudge tools to remind clinicians to complete necessary documentation.
5. **Clinical Indicator Recovery Plan:** Jonathan referenced the ongoing Clinical Indicator Recovery Plan, which aimed to further improve compliance and data quality with regards to the Stroke related clinical indicators

Rhiannon Beaumont-Wood asked of the ongoing provision of data to clinicians to drive improvement from the bottom up. She was curious to understand if the approach of providing data to clinicians would continue. Jonathan clarified that the responsibility for monitoring and improving clinical indicators has been transferred to the Clinical Intelligence Assurance Group (CIAG), which will continue to oversee these efforts.

**RESOLVED: The Committee noted the presentation on the Stroke Clinical Indicator.**

## **12/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Due to the reporting cycle, Julie Boalch explained that the data presented today was the same as that presented to the Board on 29 November 2024.

Julie Boalch provided an overview of the 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 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*) with the scoring of 25 remaining unchanged. The two risks continue to be dynamically reviewed to provide assurance to the Committee.

It was noted that the discussions today have highlighted the work being done to mitigate the highest rates risks; as detailed in various reports, standards and frameworks.

The Trust was also exploring new ways to manage mitigations within its control, such as consulting on nurse attendance levels and implementing the clinical navigator role and winter desk.

Ceri Jackson sought assurance on the trajectory of consult and close and any challenges. Lee Brooks commented there was a need to refine the data as the consult and close data was related to the Emergency Communication Nurse System (ECNS) deployment for 111. An approach has been developed and was awaiting verification. The unverified data shows a positive trend regarding consult and close, but formal verification was needed before it can be included in the reports.

Trish Mills commented there were key initiatives underway to address the highest-rated risks (223 and 224) that have been on the risk register at a rating of 25 for some time. The goal was to better visualise and understand what the Trust Board has control over, and how far along it was in managing these risks.

Liam Williams added that the Trust was working on creating improvement trajectories to address significant unmet needs, particularly within the amber cohort of patients. The focus was on making things safer rather than completely safe, which was a realistic approach given the circumstances.

Jacqueline Maunder highlighted the importance of the ongoing dialogue with Trish Mills and Julie Boalch due to the synergies between the top scoring risks of both the Trust and the Joint Commissioning Committee. She emphasised the need for a whole system approach to manage these mitigating actions.

**RESOLVED: The Committee noted the contents of the report.**

### **13/25 CANCELLED CALLS POTENTIAL IMPACT ANALYSIS**

Jonathan Chippendale provided the Committee with a presentation which looked at a retrospective data analysis of a 12-hour period during an "app perfect day" in the Swansea Bay Health Board area. The aim was to understand the system impact of increased utilisation of Advanced Paramedic Practitioners (APP) and one Palliative Care Paramedic (PCP). He highlighted that on this day, there were 149 calls related to 104 incidents, with additional incidents already on the stack and ambulances waiting to hand over at the hospital. The analysis focused on the outcomes and system impact of managing patients in the community and reducing conveyance rates.

During the "APP perfect day" analysis, it was found that a significant portion of calls were cancelled by patients who then self-presented at the Emergency Department (ED). He noted that approximately 50% of these cancelled calls likely resulted in patients going to the ED on their own. This was identified as a major issue, as it indicated unmet care needs and a significant impact on the ED's workload. The analysis showed that despite efforts to manage patients in the community, a substantial number of patients still ended up seeking care at the ED.

On a specific Thursday, February 15, Swansea Bay went into a Business Continuity Incident, leading to significant changes in hospital operations, such as placing senior clinical decision-makers at the front doors. This day saw the lowest average handover time for any Thursday that year, suggesting that coordinated efforts between the hospital and ambulance service

made a noticeable impact. The new clinical model and urgent care response service were expected to further enhance these efforts in the future.

Liam Williams acknowledged that the information contained in the presentation was comprehensive and detailed. Liam Williams suggested it would be beneficial for a more comprehensive evaluation and benefits realisation report be presented to the Committee. It was therefore agreed that Liam Williams would consult with Rachel Marsh and Andy Swinburn to undertake this task.

**RESOLVED: The Committee noted the presentation on the cancelled calls potential impact analysis.**

#### **14/25 CLINICAL AUDIT PLAN 2025/26 AND ACTION TRACKER**

Jonathan Chippendale advised that following a review by Audit Wales of the Trust's Quality Governance Arrangements, one of the recommendations was for the Clinical Audit Plan to be submitted to the Quality, Experience and Patient Safety Committee (QuEST) for scrutiny and approval ahead of each financial year, and then monitored on a quarterly basis.

Jonathan confirmed that the 2025/26 Clinical Audit Plan has been developed in consultation with the Clinical Intelligence Assurance Team (CIAT), the Clinical Intelligence and Assurance Group (CIAG), and senior clinical and non-clinical managers within the Trust.

The plan included 10 new audits including the Electronic Patient Care record (ePCR) and Drug Administration documentation. The plan will be updated quarterly, and the ongoing monitoring of clinical indicators will continue through the CIAG. The Committee was asked to approve the Clinical Audit Plan for 2025/26.

Rhiannon Beaumont-Wood asked if there is a system to consider medical devices auditing within the Clinical Audit Plan. Andy Swinburn advised it was not contained in the Plan and was monitored separately by a different area within the Clinical Team in the Trust. Following discussion, the Committee approved the Clinical Audit Plan for 2025/26 and noted the update given regarding the progress against the 2024/25 Clinical Audit Plan, within the associated Tracker.

**RESOLVED: The Committee APPROVED the Clinical Audit Plan for 2025/26 and NOTED the Action Tracker update against the Clinical Audit Plan for quarter three of 2024/25.**

#### **15/25 ANNUAL INFECTION PREVENTION CONTROL SERVICE REPORT – 2023/24**

Liam Williams advised that the report provided an overview of the current challenges facing the Infection Prevention and Control (IPC) Team and outlined the Strategic Plan for service enhancement during the 2025-26 financial year.

Over the past year, the IPC Team has navigated several challenges influenced by factors such as workforce changes, leadership transitions, staffing shortages, and a reduction in training opportunities.

Penny Durrant highlighted several points:

1. The report indicated improved compliance with hand hygiene, Personal Protection Equipment (PPE) use, and environmental cleaning, though there was still room for improvement.
2. There has been significant collaboration with internal and external partners, including health and safety, occupational health, Public Health Wales, and national IPC leads.
3. There were challenges in Respiratory Protection Equipment (RPE) provision which were being addressed, and the work was nearing completion.
4. Strengthened governance with policy reviews and updates was ongoing, and there was a focus on improving risk management and training standardisation.
5. A comprehensive IPC training program was being developed in collaboration with training colleagues to align staff competencies with national standards.
6. A Board Assurance Framework was being formalised to enhance policy compliance, accountability, and performance reporting.
7. There were ongoing efforts to recruit into key IPC positions to ensure service stability and continued collaboration across the Trust. There was a push to champion Infection Prevention Control (IPC) quality leads within operational teams and comprehensive IPC training programs aligned with national standards.

Liam Williams emphasised the significant work completed in the Respiratory Protective Equipment (RPE), highlighting the rollout of Powered Air Purifying Respirators (PAPR) across most of Wales and the expansion into the Southeast as soon as it becomes available. Jonny Sammut noted there were efforts to identify digital audit tools and potential collaboration with other services to mitigate funding risks.

**RESOLVED: The Committee received the 2023/23 Annual Infection and Prevention report.**

## **16/25 INTERNAL AUDIT REPORT: PATIENT EXPERIENCE COMMUNITY INVOLVEMENT**

Liam Williams explained that the Patient Experience and Community Involvement (PECI) Report provided the Committee with a clear and comprehensive view of the Trust's efforts to embed public engagement into its governance and operational structures.

The report gave a reasonable assurance opinion, which reflected the progress made in PECI while highlighting areas for further improvement.

Leanne Hawker noted the launch of the new People's Experience Framework, which aimed to strengthen the duty to promote listening and learning from patient feedback, aligning with several regulations and acts.

Additionally, the PECI Team's Work Plan will be refined to align more closely with operational priorities and transformation goals. This includes introducing a population

health-based approach to analysing feedback and reporting variations in outcomes across Wales.

The Committee held a discussion which focused on the importance of building on the foundations laid and continuing to improve the PECCI involvement in the delivery of the Trust's services.

**RESOLVED: The Committee NOTED the Internal Audit outcomes, recommendations, management responses, and next steps.**

#### **17/25 AUDIT TRACKER 2.0 DECEMBER 2024 (Q3)**

Trish Mills explained that the report provided the Committee with the current position with respect to management actions for audits within the purview of the Quality, Experience and Patient Safety Committee (QuEST).

Of those internal audit recommendations relevant to this Committee, two have been closed in quarter of a total of eleven (18%). There were five recommendations which have had a change in date proposed (marked in blue). There were two open actions on their third revised date: action 604 (Pain Management internal audit) and action 683 (Electronic Patient Clinical Records (ePCR) Clinical Compliance internal audit).

In terms of the external audits relevant to this Committee, none have been closed in quarter of a total of three. One of the external audit actions has a new revised date proposed (marked in blue) taking it to the third revised date; 139 National Review of Patient Flow – A Journey Through The Stroke Pathway.

**RESOLVED: The Committee:**

- (1) Noted there were no Internal Audits and Audit Wales reviews within their remit**
- (2) Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

#### **18/25 POLICIES FOR APPROVAL/NOTING**

The following policies were presented the Committee for approval:

1. Safeguarding Children and Adults at Risk of Harm Policy;
2. Violence Against Women, Domestic Abuse and Sexual Violence 'Ask and Act' Policy.

The Committee acknowledged that the policies had been through internal governance processes and consultation and through Executive Leadership Team. There were no issues and the policies were approved, as presented.

**RESOLVED: The Safeguarding Children and Adults at Risk of Harm and the Violence Against Women, Domestic Abuse and Sexual Violence 'Ask and Act' policies were approved.**

## **19/25 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT**

The Committee Priorities and Cycle of Business Monitoring Report was received.

**RESOLVED: The Committee noted the update.**

## **20/25 KEY MESSAGES FOR THE BOARD**

These would be articulated on the Committee's Highlight report.

**RESOLVED: The Committee noted that the key messages for the Board would be articulated through the Committee highlight report**

## **21/25 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS**

Bethan Evans summarised the decisions and actions as follows:

1. Clinical Transformation Model: The QIA discussion was moved to a Closed session for further work.
2. Committee Effectiveness Review: Conducted differently this time, with feedback to be emailed for the Draft Annual Report and priorities for 25/26. Amendments to the Terms of Reference were also agreed upon.
3. Patient Story: Provoked discussions on digital accessibility improvements, with Jonny Sammut tasked to develop further.
4. People and Culture Committee: They will monitor progress on accessibility, especially for deaf people and others with barriers.
5. Quality Governance Review: Agreed to take forward conversations offline to improve governance.
6. Duty of Quality Implementation Plan: A closure report will be brought back to the next meeting as a consent item.
7. Datix Recovery and Improvement Plan: Jonny Sammut to update Jayne Beeslee, with ELT reviewing timelines. It will return to the Committee if significant risks emerge.
8. PTR Report: New format welcomed, with a focus on supporting wider system decommissioning work.
9. Cancelling of Calls: Further work to be done outside the Committee, with feedback to be provided later.
10. Clinical Audit Plan for 25/26: Approved, recognising the need for flexibility.
11. Policies Approved:
  - Safeguarding Children and Adults at Risk of Harm Policy
  - Violence Against Women, Domestic Abuse, and Sexual Violence 'Ask and Act' Policy

Reflections:

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 several observers ranging from internal Trust 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 his contributions.

**Date of Next meeting: 9 May 2025**

**Meeting concluded at 15:30**