

## WELSH AMBULANCE SERVICES NHS TRUST

### CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 7 MAY 2024 VIA TEAMS

**Meeting started at 09:30**

**PRESENT:**

Ceri Jackson	Non-Executive Director and Interim Vice Chair of the Board (Chaired meeting)
Professor Kevin Davies	Non-Executive Director

**IN ATTENDANCE:**

Claire Appleton	Head of Putting Things Right
Hugh Bennett	Assistant Director, Commissioning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Jonathan Edwards	Assistant Director of Operations, Resourcing and EMS Coordination
Fflur Jones	Audit Wales, Performance Auditor
Osian Lloyd	Head of Internal Audit, NWSSP
Mark Marsden	Trade Union Partner
Fiona Maclean	Patient Experience and Community Involvement Manager (Left after minute 28/24)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development (Minute 33/24 only)
Jonny Sammut	Director of Digital Services
Julie Starling	Save a Life Cymru (Left after minute 28/24)
Andy Swinburn	Executive Director of Paramedicine
Lisa Trounce	Business Manager, Corporate Governance (observing)
Liam Williams	Executive Director of Quality and Nursing

**Apologies:**

Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director and Chair
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/ Board Secretary

## 23/24 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Bethan Evans, Lee Brooks, Ian James, Rachel Marsh and Trish Mills.

### **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 8 February 2024 were confirmed as a correct record.

### **Action Log**

The action log and the Committee Highlight AAA report from the last Quest meeting were considered:

Minute 50/23: Operations Update - *Update on the EMS CSD reconfiguration following the outcome of the new Demand and Capacity review currently underway. The EMSC reconfiguration (connected to the 2019 D&C) has been delayed due to the pandemic, it is now restarted using data from the new review, that is now live. Further information was sought on the EMSC boundaries and what desks are working in each boundary. Suggested that QuEST receive a copy of the entire review once complete (which is the Trust's strategic response to patient safety and will include CSD). It's a key document (inc. slides and a summary). Final draft is expected in January 2024 and suggest inclusion in February 24 meeting.* It was noted that the report wasn't provided to the February meeting as it wasn't available. Furthermore, the initial proposal has been superseded by a revised EMSC leadership structure approved by ELT in January 2024. An update will be provided to the Board in July, and it was agreed that this action was to be closed.

Minute 04/24: Putting Things Right (PTR) Report - *That future PTR reports include presentation of the data from a population point of view per Health Board area, as opposed to simply by Health Board - to put the numbers in context across Health Board. This will be considered by the PTR Team for future reporting.* A meeting has taken place with the NHS Wales Executive Digital Team to discuss the metrics used in the national Beacon Dashboard (Quality Measures) which is under development. The Beacon Dashboard now reports National Reportable Incidents (NRI) data in this format. Information in respect of WAST NRIs will be included from a population perspective in the Quarter 4 PTR Report. Support from Health Informatics will be sourced when feasible to incorporate this approach in all relevant PTR measures, ensuring this aligns to the data sources used nationally. This has been added to the PTR Recovery Plan to include as part of the requests for live BI dashboards drawing from Datix Cymru and Trust systems. Currently the PTR team are pulling a significant amount of core data from these systems manually which is extremely time consuming. Furthermore, the Committee recognised the current capacity issues within the team. Agreed action closed.

Minute 05/24a: MIQPR: *On the content regarding the number of patients where ambulances were cancelled or where it was not possible to provide a response, it was queried whether the placement of this under 'Partnership & System Contribution' was correct. This will be fed back to Hugh Bennett; Andy Swinburn will support as required. For consideration for future reporting.* Hugh Bennett advised this information was in the correct place within the report. Action Closed.

Minute 07/24: Quality Strategy Implementation Update - *The Committee asked that a timeline/timetable of how the revised Quality Strategy would be delivered be provided to the Committee.* A high level outline plan has been developed and will be shared with Committee members by June 2024. Agreed this action would remain on the log with an update at the next meeting.

Minute 09/24: Healthcare Inspectorate Wales Annual Report 22-23. *The Chair advised there had been an increase in the number of safeguarding alerts raised, whilst the report states a significant drop, Liam Williams explained that some of the alerts are coded to the Health Boards and were picked up at Local Authority level. Liam Williams agreed to clarify this point.* Agreed that an update would be provided to the Corporate Governance Team for dissemination to Committee Members in advance of the next meeting. Action to remain open.

### **Committee AAA report dated 8 February 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 8 February 2024.

#### **RESOLVED: That**

- (1) Apologies were recorded for Bethan Evans, Lee Brooks, Rachel Marsh, and Trish Mills.**
- (2) The Minutes of the Open meeting held on 8 February were confirmed as a correct record.**
- (3) Consideration was given to the Action Log and the AAA report as described above.**

### **24/24 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2024/25 Q1**

Jonathan Edwards presented the report and highlighted several key points for the Committee's attention.

The Operations team has continued to work on the Manchester Arena Inquiry. Workshops have been conducted to understand the impact of similar events on our capabilities and capacity to respond if a significant event of this kind were to occur in

Wales. The workshops have informed reports compiled by Judith Bryce's team, focusing on our capability to prepare to respond and the capability of our specialist assets.

As outlined in the report, the Chair of the Inquiry has requested a financial case from all organisations involved in a potential response. Given the sensitive nature of the information and the detailed plans outlined in these papers, discussions will be conducted in closed meeting sessions. A significant amount of work is underway to ensure the Trust's readiness to effectively respond to similar incidents in the future. Welsh Government have been kept informed of progress, and the Trust is on track to present the comprehensive financial case in the coming months.

An update was provided on the Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED). It was noted that the Trust has recently fallen below the required 7% threshold for accreditation, as outlined in the report. However, the Trust is actively working with the Academy to ensure that the robust action plan in place will improve the accreditation status. The aim is to transition from the current rate, at just over 8.7% for the first quarter of this year, to meet the required threshold of 7% or below. Jonathan Edwards added that the end of April figures have already shown improvement, with the rate back down to 6%. This is a testament to the hard work of the quality team, who are collaborating closely with the Academy to achieve the accreditation goals. With the concerted effort and collaboration in place, he was confident that the Trust was on track to meet its targets and regain our accreditation status.

The Operations Quality (OQ) Organisational Change Programme (OCP) has reached its conclusion, and the final stages of job evaluations and recruitment have been initiated. Interviews have been arranged for the Locality Manager, OQ position, which will entail some coroner responsibilities, in addition to the Service Manager, OQ role. The Trust is currently awaiting approval on *Trac* for the Support Officer and third Learning & Development Coordinator positions. Furthermore, the Quality Improvement Manager and Quality Audit Manager posts are pending job evaluations. Once these positions are filled, it is anticipated that the directorate will have the necessary capacity to proceed with the required Standard Operating Procedure (SOP) reviews.

The Quality & Support Days have proven invaluable in promoting key indicators and expectations related to various aspects of quality behaviour within the Trust premises and on ambulance vehicles, as well as personal conduct of staff members. These days cover subject areas such as seat belt and safety harness use, Dress Code Policy, Infection Prevention & Control (IP&C), and cultural awareness. They are supported by operational managers/leaders of all grades and serve to enhance visibility to the teams. During each support day, an MS Form is completed by those in attendance to provide assurance of compliance against the requirements. So far, three Quality & Support Days have been conducted, with involvement from all levels of the Operations leadership teams. Themes and trends observed during these days will be collated and presented to the senior leadership team for feedback and action.

In Q4, the NHS 111 Wales call demand increased by 10% compared to Q3 and have continued in recent weeks to experience higher demand compared to much of

December 2023. This level of demand is 14.6% higher than the service is resourced to answer.

Throughout Q4, approximately 10% of staff were abstracted to undertake the new CAS replacement training. Despite these abstractions, the service answered 9% more calls in Q4 than in Q3. This increase in calls answered, despite higher abstractions, can be attributed to the utilisation of agency call handling resources and the implementation of virtual queuing. The number of calls answered in Q4 was 5.6% higher than the funded levels.

Comments:

Members were encouraged to see such a high level of interest in the Community Welfare Responder (CWR) initiative; and were interested to find out how many of the 180 Expressions of Interest have translated into actual volunteers. Jonathan Edwards agreed to provide this information after the meeting.

Following a query in terms of the impact of the Trust losing AACE accreditation, Jonathan Edwards explained that the Trust would lose its status as a centre of excellence if there was not a return to compliance levels within the 3 month period; however, this was unlikely.

Jonny Sammut added there was ongoing work aimed at improving service delivery and efficiency, particularly within the 111 service. The introduction of a Visual IVR (Interactive Voice Response) and potential Artificial Intelligence (AI) driven solutions for tasks like repeat prescriptions can enhance the user experience and contribute to time savings for both callers and operators. These advancements, along with website improvements, demonstrate a proactive approach to leveraging technology to address demand and capacity challenges.

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

## **25/24 STAFF STORY**

Fiona Maclean, Patient Experience and Community Involvement (PECI) Manager, and Julie Starling, Save a Life Cymru, attended to present their Staff Story and recounted how the team actively promote the learning of life saving skills throughout the year, with particular emphasis during its annual campaigns 'Shoctober', 'Restart a Heart' and 'Defibuary'. Through research and engagement, it became evident that many people cannot perform CPR and for some, they were left with symptoms of Post Traumatic Stress Disorder (PTSD); particularly those who may have performed CPR on a loved one. Recognising our duty of care to support both cardiac arrest survivors and family members or laypersons who have performed CPR, the team explored the potential of adopting a post CPR leaflet as developed by Yorkshire Ambulance Service. The Peci team reached out to Save a Life Cymru (SaLC) to explore how this could be progressed in collaboration utilising a digital solution and a Quality Improvement (QI) methodology.

Furthermore, a proposal was put forward to Resuscitation Council UK (RCUK), who have agreed to host a Link Tree on behalf of Wales that will serve as a guide to appropriate support services for individuals and their families in need of support following CPR and cardiac arrest survivor support. This concept will include the Trust, the Health Boards and partners such as General Practitioners (GPs), Emergency Medical Retrieval and Transfer Service (EMRTS), Police and the Fire Service. There will be an opportunity to share good practice with other nations adopting this repository of resources and the project could support other RCUK survivor projects.

An initial pilot of bilingual business cards titled, 'Support for cardiac arrest survivors and CPR providers' will feature a Quick Response (QR) code is planned. This will be developed with engagement through the Trust's People & Community Network, and will signpost users to the RCUK website and provide information on available support services in Wales for both cardiac arrest survivors and bystanders. The cards will be easy to use particularly in time sensitive situations. Funding options are being explored to print the cards and an evaluation of the pilot will inform the plans to expand distribution across Wales and provide cards to all designated touchpoints. Considerations were explored at Committee on digital solutions including automated Short Message Service (SMS), linking to the NHS App and community outreach programmes.

## Comments

The Committee were in full support of the project recognising the profound impact that performing CPR can have on individuals, both emotionally and psychologically. Furthermore, the need for support and resources for both survivors and bystanders are crucial in addressing the aftermath of such events. The initiative to provide post-event support through innovative approaches like the post-CPR leaflet and bilingual business cards with QR codes is commendable and underscores the commitment to enhancing the wellbeing of all individuals involved in cardiac arrest situations.

The suggestion of automating a text message post incident to bystanders who have provided CPR was mooted. This automated approach could help ensure that support resources are readily accessible to individuals who may be in need following their involvement in a CPR event. By capturing bystanders' details, such as their telephone numbers, during the incident, it would be possible to set up an automated system to send out supportive text messages with relevant resources and information after the event. This could provide timely assistance and guidance to individuals who may be experiencing emotional or psychological distress following their involvement in the CPR event. Additionally, integrating this automated system with existing support networks or helplines could further enhance the effectiveness of the initiative.

Jonny Sammut added that embedding the support resources for cardiac arrest survivors and CPR providers onto the NHS app would be a positive step forward. Leveraging existing platforms like the NHS app can help increase accessibility to available resources and ensure that they reach a wider audience. Additionally, integrating the support information into widely used platforms can streamline the process for individuals seeking assistance and provide them with easy access to relevant resources when needed. Regarding the use of QR codes, he added they can be an effective way to

quickly link users to online resources and incorporating them into business cards or other materials can make accessing support information more convenient. QR codes are versatile and can be easily scanned using smartphone cameras, making them accessible to a wide range of users.

Julie Starling explained that whilst this initiative was primarily aimed at the lay person, expanding the scope of the initiative to include healthcare professionals who may also benefit from access to support resources would be a great idea. Providing avenues for debriefing and accessing support in a way that suits individuals' preferences and needs can be incredibly valuable for promoting wellbeing and resilience in the healthcare workforce. The continued collaboration and knowledge sharing within this group, or similar forums can certainly enhance the project going forward. Building on the insights and suggestions shared here, along with collecting baseline data and refining the project details, will contribute to its success and effectiveness in supporting cardiac arrest survivors and CPR providers.

Liam Williams added that capturing updates through the PEI document on an ongoing basis will help keep stakeholders informed about the progress and developments of the initiative. Once there is significant progress or a substantial evaluation outcome, it would be appropriate to bring it back to Committee as a dedicated item for further discussion and consideration. This approach will help ensure that the project receives the visibility and support it needs to succeed.

Members expressed thanks to Fiona and Julie for sharing this initiative and the recognition and support of bystanders through their often once in a lifetime experience of providing CPR.

The Committee also received a patient story update following Alison Cassidy's patient story at the last meeting and commented on the tracker as an important paper on a difficult story and the learning captured from the discussion.

**RESOLVED: The Committee noted the staff story and the patient story update regarding Alison Cassidy.**

## **26/24 PUTTING THINGS RIGHT (PTR) REPORT**

Liam Williams presented the report commenting on the progress being made in incident reporting and response to patient complaints, although recognised there is still room for improvement in both areas. There is an upcoming workshop aimed at addressing these issues collectively and finding ways to enhance patient safety and care delivery across the board.

Claire Appleton advised the Committee that the Trust had received two Regulation 28 Reports (prevention of future death) from the Coroners during the period, one joint with Swansea Bay University Health Board resulting from a protracted wait. The Trust is working with the All Wales Tissue Viability Network to determine next steps in

identifying avoidable harm in respect of pressure damage and provide assurance to the Coroner.

Comments:

The Committee discussed the pressure damage issue as a consequence of risks 223 and 224. Recognising these as broader unscheduled care system risks rather than purely organisational risks reflect their significant impact and the need for coordinated efforts across institutions to address them collectively. Julie Boalch advised she has been working with consultants on these two risks, in particular how these two risks are articulated in the future.

Members recognised that the inherent design of ambulances as temporary clinical environments means they may not be equipped to provide extended care, leading to potential issues such as pressure injuries and other complications. Addressing these challenges requires a multifaceted approach, including improving coordination with other healthcare providers, enhancing ambulance design to accommodate longer waits when necessary, and ensuring adequate staffing and resources to provide appropriate care in diverse clinical settings. Liam Williams added there were proactive measures being taken to address tissue viability and reduce the risk of harm from pressure area damage within the ambulance service. The focus on training, equipment provision, and collaborative efforts with organisations like the National Ambulance Service Medical Directors (NASMeD) and Qi guard demonstrates a commitment to improving patient care and safety. By participating in a UK wide workstream, the Trust can gain valuable insights into interventions and treatments across different ambulance services, ultimately contributing to the development of best practices and enhanced patient outcomes. Additionally, leveraging data and stories to raise awareness among the wider public can help foster understanding and support for these critical initiatives.

**RESOLVED: The Quality, Patient Experience & Safety Committee received the report for discussion and were satisfied with the assurance given regarding the Trust's Putting Things Right function.**

## **27/24 PUTTING THINGS RIGHT RECOVERY PLAN**

Liam Williams introduced the Putting Things Right Recovery Plan which was linked to the recent Joint Investigation Framework Internal Audit and outlined the key improvement actions for the team over the next 12 months to help the Trust meet its targets and ensure patients and families receive the best service from the team. These were:

1. Team wellbeing
2. Complaints
3. Nationally Reportable Incident (NRI) investigations
4. Learning from Events including Welsh Risk Pool
5. Learning from Deaths & Medical Examiner Service Referrals

**RESOLVED: The Committee received the report**



## 28/24 PATIENT EXPERIENCE COMMUNITY INVOLVEMENT BI-ANNUAL REPORT

Liam Williams presented the report which detailed the work of the team to capture feedback and experiences, ensuring voices are heard that contribute to improvement in the quality of services and patients' use of them. The impact of the work is supporting discussions on progressing the new clinical model. The work is mapped against the Quality Standards to provide assurance against the Duty of Quality.

He added it was evident from service user feedback that concerns persist around emergency ambulance response delays, reflecting ongoing anxiety and frustrations among service users. Similarly, in Ambulance Care, there is feedback regarding the length of time individuals wait for transportation home after hospital appointments. Despite these challenges, there is a positive note in the feedback, highlighting the professional and compassionate behaviour of staff. This aspect is crucial in instilling confidence among patients and their families in the care and treatment they receive, offering reassurance amidst the challenges faced.

Additionally, during the year the PEGI Work Programme has primarily concentrated on several key areas. Firstly, there has been a focus on promoting Civica, a software solution or platform aimed at enhancing patient experience or streamlining processes. Additionally, efforts have been directed towards expanding the scope of Patient Experience Surveys and increasing returns, indicating a commitment to gathering comprehensive feedback from service users. Furthermore, the team has been proactive in seeking external funding opportunities to support initiatives aimed at improving experiences and outcomes for individuals with learning disabilities. This multifaceted approach underscores the commitment to enhancing overall patient experience and addressing specific needs within the healthcare system.

### Comments

Members were keen to understand the impact of Llais Wales (Your voice in health and social care). Liam Williams advised that the Trust is working well with this organisation, particularly around the new clinical model and overall, it seems that there is optimism about the progress and cooperation in this collaboration.

Members recognised the level of ambition and commitment, drawing through focus on continuous improvement and the value of patient experience reporting.

Following a query in terms of the 111 service, Liam Williams reminded Members of improvements and upcoming changes to the healthcare system, particularly in the context of the 111 service. The implementation of a new system is expected to streamline processes and reduce the number of touchpoints for individuals seeking care. Additionally, clinicians within the 111 service will soon have access to the Welsh Clinical Portal, enabling them to make more informed decisions by directly accessing relevant information. These changes are aimed at enhancing efficiency and effectiveness in healthcare delivery.

**RESOLVED: The Committee**

- (1) Received the report and accepted the assurances that the Trust is meeting its statutory duties/responsibilities to consult, engage and involve the public/patients in its work, and**
- (2) Noted the activities to date and acknowledged that PECl Reports will be shared publicly through the Trust's People & Community Network.**

**29/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – FEBRUARY/MARCH 2024**

Hugh Bennett presented the report and drew attention to the following areas:

1. 999 calls answered have declined to 34 seconds in March not achieving the 6 second target. The 65<sup>th</sup> and 95<sup>th</sup> percentile performance; however, is strong.
2. Red 8 minute response times remain of concern at 48.9%; however, this remains consistent across a sustained period.
3. Amber 1 median is 1 hour 22 minutes.
4. Abstraction levels in EMS hit 30% as a benchmark level.
5. 111 abandonment rates increased in March to 11.8%.
6. 111 demand continues to increase, and a Demand & Capacity (D&C) review is required.
7. Re-rostering of NEPTS will be reviewed this year as a key efficiency.
8. 7.67% sickness absence slightly above target in March 2024 compared to 8.50% in February 2024. The 2023/24 target is 6%.

Comments

Members queried when the D&C review will come to fruition, and what it is likely tell us. Hugh Bennett explained that the EMS D&C review is indicating that maintaining the current approach is unsustainable. It aligns with the strategic goal of the Trust to transform the way healthcare services are delivered. Specifically, it highlights the need to move away from the traditional conveyance model, which is costly and ineffective. The review will likely present scenarios that demonstrate the limitations of the current approach and the potential benefits of alternative models.

Members felt it would be beneficial to discuss any progress, lessons learned, or challenges encountered regarding the 'inversion of the triangle' initiative. Andy Swinburn advised there was a shift in focus towards more meaningful measures of performance that align with the new clinical response model. It's important to reassess current performance measures to ensure they remain relevant and aligned with the evolving goals and priorities of the Trust. This could involve updating metrics to reflect changes in processes and priorities, such as prioritising hear and treat options that result in better patient outcomes rather than simply focusing on dispatch times.

The Committee noted there was a recognition of the importance of contextualising data within the MIQPR to better understand the prevalence of certain conditions within

specific populations such as weighting which can be used to balance the representation of different areas, making sure that smaller or more deprived areas are adequately represented in the analysis. While this is a significant undertaking, it could provide valuable insights into the factors influencing demand for ambulance services and help tailor responses accordingly. If there is any progress or updates on this initiative, it may be beneficial to discuss them further offline which the Chair agreed to do with Rachel Marsh to explore how best to incorporate this information into reporting mechanisms.

**RESOLVED: The Committee received the Monthly Integrated Quality and Performance report for February/March 2024 and actions being taken and determined that the report provided sufficient assurance**

### **30/24 ANNUAL QUALITY REPORT 2023/24**

Liam Williams presented the draft Annual Quality Report 2023/24 ahead of presentation to the Trust Board for approval. This was a comprehensive appraisal which focused on improving quality and the level of harm experienced by our patients. Collaboration across respective leads and NHS bodies undertaken to prepare the report in lieu of firm guidance and strong edicts from Welsh Government which are predicted for the 2024/25 report. Making the report accessible through various formats, including Welsh language and British Sign Language versions, as well as a vlog, demonstrates a commitment to inclusivity and ensuring that the information reaches a wide audience.

Comments

The Committee welcomed the report acknowledging the work of all staff involved in its production. The report read very well, was comprehensive and a clear, succinct reflection on the past year. They also commented on the humanised approach to the report.

Liam Williams added that the team have done a commendable job of framing the report in a way that highlights its impact on the people the Trust serves. Incorporating a patient centric perspective into the forward look section provides a more comprehensive view of the challenges and opportunities ahead. This will align well with the Trust's commitment to improving patient experience and outcomes.

**RESOLVED: The Committee endorsed the draft Duty of Quality Annual Report 2023/24 for onward escalation to Trust Board.**

### **31/24 UPDATE ON THE CLINICAL PLAN**

Andy Swinburn provided the Committee a presentation on the revision of the Clinical Plan, previously titled the Delivering Clinical Excellence in Wales Clinical Strategy, noting the progress made in the Trust since the original strategy was implemented. The content will be significantly revised with a changing emphasis on how clinical data is used in terms of our ambitions, transforming our service and how patients are managed differently to prevent avoidable harm.

For the internal perspective:

1. Our people: It is crucial for our people to feel a sense of ownership and alignment with the objectives of the Trust. This can be fostered through clear communication, opportunities for input and feedback, recognition of contributions, and ensuring that everyone understands how their role contributes to the overall goals.
2. Board members: It is essential for board members to strike a balance between driving ambitious goals and obtaining necessary assurance. This entails actively participating in strategic discussions, challenging assumptions, ensuring accountability, and maintaining oversight while also supporting innovation and growth initiatives. Effective communication and collaboration among board members are key to achieving this balance.

For the external perspective:

1. Prospective employees: We should aim to excite and enthrall potential candidates about the opportunities and culture within the Trust. This can be achieved through showcasing our innovative projects, highlighting career development prospects, and emphasising the impact individuals can make by joining our team.
2. Our Commissioners: It is crucial to articulate our clinical ambition clearly to our commissioners, demonstrating how we challenge existing norms and strive for excellence in patient care.
3. Wider system colleagues: We need to stimulate interest and open minds among our colleagues in the wider healthcare system. This involves sharing insights, best practices, and success stories to inspire collaboration and drive innovation across organisations.
4. Welsh Government (WG) including 6 Goals influencers: We should illustrate the Trust's reach and possibilities beyond goal 4 to the Welsh Government and influential stakeholders.
5. AACE colleagues: We need to showcase our leadership within the industry to our colleagues in the Association of Ambulance Chief Executives (AACE) and beyond. This involves sharing insights, innovations, and best practices that demonstrate the Trust's thought leadership, expertise, and impact in shaping the future of ambulance services.

Inevitably there will be risks associated with this project going forward:

1. Balancing this year's ambitious agenda with future years' planning: To mitigate this risk, we should adopt a strategic approach that considers both short term objectives and long term goals.
2. Balance between content and brevity: Maintaining a balance between providing comprehensive information and ensuring clarity and conciseness is essential.

3. Balance ambition with reality: While it is important to set ambitious goals, it's equally crucial to ground these aspirations in reality and consider practical constraints such as resource availability, timeline limitations, and potential obstacles.
4. Ensuring we remain sufficiently flexible to recognise the developing picture: In a dynamic environment, it is essential to remain agile and adaptable to respond effectively to changes and emerging opportunities.

The next steps include joint Directorate planning events to devise delivery mechanisms that ensure alignment across teams and formulating reporting routes.

#### Comments

The Committee held a discussion in terms of how to make the Trust's ambition relevant and gaining buy in from wider stakeholders which would require effective communication and alignment with shared goals and values. They also talked about how to demonstrate value and impact and how to secure sustainable resourcing going forward. Andy Swinburn added that the Trust would need to tailor its communication to the specific interests and priorities of different stakeholders as this would be crucial for gaining their buy in and support. Liam Williams added that positioning the Trust strategically within the framework of the 6 Goals program was a key challenge, but also an opportunity to maximise its contributions and impact. Furthermore, highlighting the comprehensive contribution of the Trust to the health economy is very important, particularly emphasising its role beyond ambulance services.

**RESOLVED: The Quality, Patient Experience & Safety Committee received and noted the update on the clinical plan.**

#### **32/24 CLINICAL AUDIT PLAN AND ACTION TRACKER (UPDATE) 2023-2024**

Duncan Robertson explained that the plan is developed in consultation with the Clinical Intelligence & Assurance Team (CIAT), and senior clinical, and non-clinical managers within the Trust. It is a dynamic document, updated quarterly to reflect those audits that are either planned, currently underway or have been completed.

The Clinical Audit Plan and Action Tracker update for Q4 2023/24 was received with no escalations. 10 audits were completed during the period. 39 out of 46 actions were completed. Results are cascaded to the Trust linking with the Quality Management Group and the Quality Improvement work. Internal Audit have reviewed the Clinical Audit processes to support forward travel.

**RESOLVED: The Committee noted the Q4 2023-24 Clinical Audit Plan and Audot Tracker Update.**

#### **33/24 SPOTLIGHT ON CLINICAL INDICATORS (CI) – FRACTURED NECK OF FEMUR**

The Committee were provided with a presentation by Duncan Robertson which focused on important aspects related to clinical indicators, particularly focusing on Fractured Neck of Femur (#NoF) and pain management, as highlighted in the Internal Audit report on Medicines Management.

The care bundle for measuring patients aged 65 and over with a working diagnosis of a fractured neck of femur includes several components. These components are typically measured to ensure comprehensive care. To achieve compliance with the care bundle for patients with a fractured neck of femur, each criterion of care must be completed:

1. Vital Signs:
  - Respiratory rate
  - Pulse rate
  - Oxygen saturation (SpO<sub>2</sub>)
  - Blood pressure (BP)
  - Glasgow Coma Scale (GCS)
2. Pain Scores
3. Analgesia

Completing all of these criteria is essential for ensuring comprehensive and effective care for patients with a fractured neck of femur and for achieving compliance with the care bundle.

Due to staff being unfamiliar with the new system, a reduction in Clinical Indicator compliance was noted. Testing of the ePCR user interface will be completed and the establishment of a minimum clinical data set. Work continues with the supplier to complete the required changes which are aimed at improving the usability for clinicians to input data and to improve Clinical Indicator (CI) compliance.

A CI recovery plan has been implemented which includes focussed communication, clinical workshops, implementing the Clinical Supervision Policy, and improvements in technology (AI).

Liam Williams added that whilst it was clear that despite the support provided to our people, there were still challenges in achieving the expected standards in our clinical indicators. While we are undertaking significant efforts to understand the reasons behind this and to improve our care delivery, it remains critical for our staff to ensure accurate and consistent documentation in the ePCR.

The ePCR serves as our primary means of recording the quality of care provided to patients, and therefore, it's essential for our staff to adhere to the established standards when documenting patient care. Consistent and accurate documentation not only reflects the quality of care delivered but also ensures transparency, accountability, and continuity of care.

While we acknowledge the complexities and challenges associated with documentation in a new system, it is imperative that all staff members understand the importance of adhering to documentation standards. This may require ongoing training, support, and reinforcement of best practices to ensure that documentation accurately reflects the care provided and contributes to the improvement of clinical indicators over time.

Duncan Roberston highlighted that transitioning from paper based documentation to electronic patient records represents a significant cultural shift for the Trust. The shift not only involves adapting to new technologies but also changing workflows and documentation practices. It is understandable that this transition comes with a learning curve, and it is essential for the Trust to acknowledge the challenges and continue supporting staff through this process.

Jonny Sammut outlined the importance of the interconnectedness of various initiatives and projects across different areas of the Trust. The convergence of efforts between the clinical indicator recovery plan and the advancements in digital technologies such as Natural Language Processing (NLP), Artificial Intelligence (AI), and Robotic Process Automation (RPA) presents significant opportunities for synergy and collaboration.

The Committee recognised that user friendliness is paramount when it comes to electronic systems used by frontline staff and it is crucial that these systems are intuitive, easy to navigate, and designed with the user's workflow in mind. When staff are focused on providing the best possible treatment to patients, any additional administrative burden or complexity in using electronic systems could be a hindrance.

Liam Williams further commented that the documentation in clinical records plays a critical role in demonstrating the quality of care provided by healthcare professionals, including those in pre-hospital and emergency settings. Coroners rely on these records to assess the care provided and make judgments accordingly. Having robust clinical indicators that accurately measure the quality of care is essential for demonstrating the value and effectiveness of the services provided by ambulance services. While some indicators may be consistent across different ambulance services, others may be unique and specific to the context and needs of the population served.

Comments:

The Committee were assured by the discussion; however, there are still some concerns that need to be addressed. Members were satisfied with the current format and approach as a reasonable course of action going forward.

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

## **34/24 AUDIT TRACKER AND INTERNAL AUDITS**

Alex Payne presented the report indicating there has been excellent engagement across directorates in the recent reporting period, resulting in progress in closing internal audit actions. Specifically, 64 out of 162 internal audit actions have been closed, which accounts for 40% of all internal audit actions. Additionally, 57% of actions due in the quarter were closed during the quarter, which demonstrates progress. Several historical

actions have been revisited with a view to closing these down or revising them acknowledging the passage of time.

For actions relevant to this Committee, 16 out of 35 proposed closures were achieved, representing a 76% closure rate for actions due in the quarter. Regarding external audit actions, 4 out of 12 proposed closures were achieved, accounting for 33%. Revised dates for actions are highlighted on the tracker, and progress continues on developing a SharePoint solution for the audit tracker, with testing underway. Collaborations with Digital Health Care Wales are ongoing to transition from the Excel tracker to the new digital tracker.

Internal Audit Reports:

Julie Boalch advised that these reports had received thorough discussion at the Audit Committee meeting and those discussions had been productive and valuable for addressing any issues identified in the reports.

### **Serious Adverse Incidents**

Liam Williams commented there had been productive engagement between the team and Audit Wales throughout the audit journey. Identified learnings were swiftly incorporated into action plans, including the PTR recovery plan shared earlier in the meeting. The audit highlighted challenges related to capacity and various systems and processes, such as the new DATIX system. These findings align with previous discussions in the Committee and underscore the ongoing efforts to address organisational capacity and operational processes.

No additional Comments were made on the ePCR Clinical Compliance and the Seatbelt Action Plan audits.

**RESOLVED: The Committee received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -**

- (1) Serious Adverse Incidents – Joint Investigation Framework**
- (2) Electronic Patient Clinical Record: Clinical Compliance**
- (3) Seatbelt Action Plan; and**

**Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

## **35/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch updated the Committee on the two corporate risks assigned to the Committee which are rated as high risks and with no changes to scores since the last review. Risk 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) are both rated at 25. Both risks have been reviewed



in accordance with their schedules and the scores remain static. The theme of these risks ran throughout the agenda items discussed at this meeting and are part of the alert section of this report.

Members were assured that these risks, whilst not moving in score, are dynamically reviewed regularly, and closely monitored at many of the Board's Committees as well as at internal forums. Additionally, the approach to these risks is being considered given that their score has remained catastrophic for a significant period. It was also noted that no new risks had been identified.

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

### **36/24 POLICIES FOR APPROVAL/ADOPTION**

Julie Boalch presented the report advising Members that the policies have been navigated through the appropriate governance routes and that there are no significant issues to escalate to the Committee and asked that the following policies were approved:

1. Consent to Examination and Treatment Policy
2. Management of Controlled Drugs Policy
3. Non Medical Prescribing Policy
4. Premises and Vehicle Cleaning Policy
5. Clinical Supervision Policy (Including Implementation Plan)
6. Dispatch Cross Reference (DCR) Table Policy

#### Comments

The Committee recognised the work and the progress being made in updating the Trust's entire suite of policies.

Members raised a concern in terms of the reference to a limitation or challenge related to managing volunteers' vehicles within the Premises and Vehicle Cleaning policy. Julie Boalch advised that this concern was addressed in a different Trust document and that it was one on the radar of the Infection Prevention and Control team.

The Committee approved the policies.

**RESOLVED: The following policies were approved: Consent to Examination and Treatment Policy, Management of Controlled Drugs Policy, Non Medical Prescribing Policy, Premises and Vehicle Cleaning Policy, Clinical Supervision Policy and the Dispatch Cross Reference (DCR) Table Policy.**

### **37/24 COMMITTEE CYCLE OF BUSINESS AND MONITORING REPORT**

Julie Boalch provided Members with the Committee Cycle of Business (CoB) updated following the effectiveness review conducted in Q4 and the Monitoring Report for Q1. Focus will be given to including the Trust's compliance against the Health & Care Quality Standards in the CoB in the coming period. The CoB for 2024/25 was approved.

#### **RESOLVED: The Committee:**

**(1) Reviewed and approved the 2024/25 cycle of business; and**

**(2) Noted the cycle of business monitoring document.**

### **38/24 KEY MESSAGES FOR BOARD**

Julie Boalch would draft the update which will be presented to the Board via the Committee's AAA highlight report.

### **39/24 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS**

Members' reflections on the meeting were that good assurance had been received and an appropriate level of discussion had taken place on each of the reports. An appreciation of the staff story was highlighted as an important element of the meeting along with recognition of the social responsibility on the action plan. Members thanked the Chair for stepping in at short notice and for excellent chairing.

**Date of Next meeting: 13 August 2024**

**Meeting concluded at 13:45**