



QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	28 March 2024
Committee Meeting Date	8 February 2024
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays were just under 27,000 hours in January and far in excess of what is acceptable. System pressures **continue to present patient safety risks and extended waits in the community**. The experience of Alison Cassidy in the patient story was a stark illustration of this. Themes from patient safety incidents continue to be timeliness to respond and handover of care delays, with 1,880 patients receiving a response or wait of over 12 hours in Quarter 3, with one patient waiting 45 hours. 231 of those waiting over 12 hours were for falls and the Committee heard of further work underway to look at clinical solutions and risk mitigations for this group of patients and engagement with care homes.

The ways in which the Trust is continually working with partners to influence system change ran through the agenda and the Trust Board will receive an update to the paper on the system actions to mitigate avoidable harm at its March meeting. Whilst risks 223 and 224 have not changed their risk rating, the Committee was assured that they are regularly reviewed, monitored, and updated to introduce mitigations wherever possible.

Members continue to challenge on any further actions that can be put in place by the Trust and its influence on system partner actions and raise the Trust's ongoing concerns in their respective forums.

2. The Committee raised an alert following their April meeting as to effect of the backlog and volume of concerns on the **Putting Things Right and Operational Quality teams**. The volume and breadth of issues ranging from concerns, national reportable incidents, joint investigations, policy and Coroner requests that the teams deal with remains substantial as set out in the assure section. Performance is concerning; however members were assured that good progress is being made on the appointment to key roles to drive and embed the improvement plan. The Committee will continue to monitor this until the teams are up to full establishment. Members also raised concerns over other teams where resourcing for important compliance and specialist functions is limited, and



discussed mitigations.

3. The **Chair's Action** taken between meetings to approve the Infection Prevention and Control Policy was ratified.
4. Excellent focus on **Clinical Indicators** with the deep dive on Stroke, the HIW Stroke Pathways Report and Clinical Audit Plan.

ADVISE

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

5. **Alison Cassidy** recounted the experience of her daughter Emma, who has a rare genetic disorder, severe learning disabilities and epilepsy. She needed urgent dental care requiring general anesthetic at Glan Clwyd Hospital and was advised by Health Care Professionals in the Health Board to access the Non-Emergency Patient Transport Service (NEPTS) to take Emma to her appointment (she was unable to be transported safely due to seizure risk being elevated by the dental pain). NEPTS advised that at least 24 hours' notice was needed, and Alison was advised to ring 999 however due to system pressures at that time a 999 response was unavailable. After 28 hours Emma was sedated by LD Liaison nurses in the garden at her home, supervised by two North Wales Police officers who arranged a taxi to take Emma with her siblings to hospital.

During Emma's escalating distress she began exhibiting self-harming behaviour, and as such the call to 999 triggered an "attempted suicide" script from clinical contact center call-taker. Alison could not say that Emma was going to deliberately kill herself, but she may have taken a deliberate action but not mean to kill herself. Alison felt that the MPDS script does not effectively assess people with severe learning disabilities. Liam Williams noted that ordinarily the clinical support desk would review the calls and be able to intervene, however the service was under considerable demand pressure at the time of the call.

Members heard that Emma and her family's experience would be shown at the Betsi Cadwaladr University Health Board (BCUHB) Organisational Learning Forum and that actions to try and avoid this occurring again will be agreed in partnership with BCUHB including information on ordering and availability of vehicles. Mitigations discussed included the flagging on the record of complex cases coming through 999 not only for the address but also for the individual.

Members expressed their thanks to Alison for sharing her experience. The next steps, lessons learned, and mitigations will remain on the substantive agenda for forthcoming meetings so that the Committee is able to monitor resolutions.

6. The Committee received the **Quarter 2 Operational Update**, and the continued positive progress on the Manchester Arena Inquiry actions was noted, as was the focus and improvements on 111 and NEPTS calls being answered in Welsh.
7. The Committee reviewed progress on implementation of the **Quality Strategy**. The Board will recall that the strategy covers quality culture/duty of candour; quality management system; and integrating



the citizen's voice. Whilst it was recognised that there were some areas where progress has been slower, a tremendous amount of work was acknowledged, and the newly appointed Quality Leads are central to taking this forward. The planning and engagement for a new Quality Plan will be developed during 2024/25 with the 2023/24 Quality Report informing some of this.

8. The **Healthcare Inspectorate Wales (HIW) Annual Report 2022-23** was reviewed and is attached at Annex 1. The Committee noted that the issues raised, including system pressures and safeguarding, are frequent areas of discussion and oversight at QUEST.
9. The **Data Protection Policy was approved**. This policy aligns to the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulations. These cover the handling, security and confidentiality of personal information.
10. This was the last meeting for **Paul Hollard** whose tenure as a Non-Executive Director comes to an end on 31st March. Paul was thanked by the chair for his contribution to Quest where he consistently champions matters of patient safety, patient experience and quality. Paul commented that the Committee is valued for raising and discussing difficult issues with a focus on outcomes for patients.
11. Members' **reflections** on the meeting included that more time and a lunch break meant the meeting did not feel rushed; the patient story provoked both challenging and constructive discussion and it is important to continue to hear these and to allow time to do so.

ASSURE

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

12. The **2023 Medicines Management Assurance Report** was reviewed by the Committee. This is the first report of its kind and content on future reports was discussed. Assurance was taken on this report, and it was good to see that the previous internal audit on medicines management was a good lever for change.
13. The Committee received assurance by way of the **Monthly Integrated Performance Report (MIQPR)** for December 2023 and the **Quarter 3 Putting Things Right (PTR) Report**. The organisational learning from clinical reviews was set out in the latter report. The Trust Board will note the escalation in the alert section regarding continued system pressures. The Committee noted that as follows:
 - 111 Calls answered within 60 seconds increased in January to 63%.
 - 111 Abandonment rates decreased in January to 4.4%.
 - Red 8-minute response times remained stable in January at 48.8%, even though demand decreased compared with December. The actual number of red 8-minute responses improved year-on-year, as they averaged 2,115 a month in 2023 compared with 1,921 a month in 2022.
 - Return of Spontaneous Circulation (ROSC) rates dropped after achieving over 22% in 3 of the past 4 months.
 - In the quarter the Trust received one (joint) Regulation 28 Report from a Coroner in South Wales Central and related to the causal significance, if any, of a delay of thirteen hours in the provision of an ambulance. The report was also sent to the Cardiff and Vale University Health Board and the



Minister for Health and Social Services. The Trust is engaging with the Coroner on the initiatives it has in place and will continue to do so.

- 1,212 patient safety incidents were reported in Q3 with themes continuing to be timeliness to respond and handover of care delays. Whilst lower than the same time period in the previous 12 months, they remain extreme.
- There continues to be a number of overdue National Reportable Incidents investigations, with capacity the main reason and this is a focus at the Clinical Quality Governance Group and Senior Operations Team.
- With respect to concerns, 253 were received in Q3 with the five-day acknowledgement performance over the October to December period at 71%, 99% and 100% (100% target) which was a rise from the last quarter. The 30-day target achieved 21%, 38% and 58% respectively (75% target) which overall was a reduction from the previous quarter. The overwhelming themes and trends through the majority of concerns remains timeliness to responding to calls in the community. Themes related to Ambulance Care include those related to cancellation of transport.
- A continuing number of incidents are being reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards. General themes received from Health Boards following joint investigations are over-crowded emergency departments and wider system pressures resulting in hospitals being in very high levels of escalation.
- A significant ongoing increase in the number of clinical negligence claims (actual and potential) being received by the Trust, many of which stem from delayed responses to patients at a time of escalation.
- The Public Service Ombudsman responses are positive and of those that go on to and investigation the majority are upheld.

14. Organisational learning and improvement actions were reviewed as part of the PTR report and are drawn from a range of areas including clinical reviews and Welsh Risk Pool Learning from Events reports. These inform MIST training, discretionary training, and changes in clinical ways of working. The **Welsh Risk Pool Concerns Assessment** was also received and themes such as the PTR capacity and Datix Cymru were discussed.

15. During this meeting, the Committee focused on the **clinical indicator of Stroke**. Further progress has been made with improving the Clinical Indicator dashboard which now includes the time-based metric for stroke; 'call to scene', 'time on scene' and 'call to hospital door'. These are now reported on as part of the Ambulance Service Indicators to the Emergency Ambulance Services Committee. Electronic Patient Clinical Record (ePCR) user interface changes recommended from the stroke clinical audit were included in the updates implemented during December 2023. These are aimed at improving the usability for clinicians to input data and to improve compliance.

The importance of pre-alert reporting was emphasised, particularly given the changes to stroke call timing for specific therapies from five to twelve hours. A deep dive into the call to door metrics and pre-alerts will be included in the 2024/25 clinical audit plan and returned to the Committee. This was a clear presentation with improvement plans to include further engagement and support from Senior Paramedics. Excellent engagement was noted with the Stroke Network. The **HIW Review of Stroke Pathway report** was also provided, and the Committee was assured on the actions being taken by WAST in response to that report which they will monitor via the Audit Tracker.



16. The **Clinical Audit Plan update for Q3** was received with no escalations. Audits completed in quarter include:

- ePCR clinical data assurance – end tidal carbon dioxide (EtCO₂) Compliance
- Non-conveyance form images in ePCR
- Recognition of Life Extinct (ROLE) form images in ePCR
- Levetiracetam (Keppra) Potential use in convulsions

17. The **2024/25 (Q1) Clinical Audit Plan** was also agreed. The Board will note that it is not always possible to predict at the start of a financial year all of the topics that will require evaluation and therefore flexibility in setting a clinical audit plan was agreed, resulting in the annual plan being a dynamic document, updated quarterly.

18. The Committee was presented with the **Information Security and Information Governance Key Performance Indicators (KPIs)** and noted:

- Information Governance training compliance is at <72% which is an increase but remains below the 75% minimum expectation, which will rise to 85% for 2024/25.
- Despite steady progress there are a large number of Data Protection Impact Assessments for review
- Despite a significant increase in requests for records compliance rates are increasing due to individual support and improved processes.
- Compliance with the Freedom of Information Act remains challenging, recording rates of 47.1% in November against a target of 90%. A review of process including digital support is underway.

Members recognised the work being done by small teams which is raised in the alert section. The reasonable assurance **Records Management Internal Audit** reflected this in that some of the actions have longer lead times to ensure they are closed off appropriately.

19. An update was received on a revised **Audit tracker** with 12% of QUEST related management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time.

20. The Committee's **annual effectiveness review** was conducted and the draft annual report and changes to terms of reference agreed. Priorities for 2024/25 were also agreed. Final reports will be presented to the Board in May 2024.

21. The Committee's **priorities for 2023/24** (implementation of the quality strategy, and the duty of quality and duty of candour) are progressing well. The Committee also reviewed its progress against its cycle of business and other than the QUEST related elements of the Integrated Medium Term Plan 2024-27 all is on track. It was agreed that the appropriateness of this coming to this Committee and the People and Culture Committee due to timing would be reviewed in the cycle for 2024/25.

RISKS

Risks Discussed: There are two corporate risks assigned to the Committee which are rated as high risks 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 have been reviewed in accordance with their schedules and the scores remain static. The theme of these risks arose throughout the agenda items discussed at this meeting and are part of the escalation section of this report.

Members were assured that these risks, whilst not moving in score, are dynamically reviewed regularly and are discussed at many of the Board's Committees as well as at internal forums.

New Risks Identified: Risks with respect to information governance and information security are being developed. These include Data Protection, records services and freedom of information requests.

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

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q3	Patient story	Putting Things Right Report Q3
Monthly Integrated Quality and Performance Report	IMTP QUEST elements	Quality Strategy Implementation
Spotlight on clinical indicators: Stroke	HIW National Review of Patient Flow (a journey through stroke the pathway) HIW Annual Report	Clinical Audit
Medicines Management Assurance Report 2023	Committee Annual Effectiveness Review	Risk Management and Board Assurance Framework Report
Policies for approval	Audit tracker and audit reports (Records Management audit)	Information Governance Report
Welsh Risk Pool Concerns Assessment		

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

Andy Swinburn in meeting between 11am and 1pm

	Attended
	Deputy attended



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

	Apologies received
	No longer member