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## 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.

|                                 |                  |
|---------------------------------|------------------|
| <b>Trust Board Meeting Date</b> | 29 November 2024 |
| <b>Committee Meeting Date</b>   | 5 November 2024  |
| <b>Chair</b>                    | Bethan Evans     |

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays remained significant in September (20,693 – which is higher than September 2023). **Handover delays continue to present patient safety risks and extended waits in the community** with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service. Delays are also presenting as a theme in the Medical Examiner Service referrals for the first two quarters of 2024/25.
2. The Trust continues to work across the system with partners to influence system change. The Trust's focus is to implement a change in how it responds to patient demand through the **Clinical Transformation Programme**. Assurance was provided to the Committee on the progress and governance for that programme at this meeting.

#### ADVISE

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

3. **Sian Davies-Kumar, Palliative Care Paramedic** shared her experience as a palliative care paramedic. She described a specific case where she attended to a young gentleman with metastatic brain cancer. The family had called 999, and Sian was able to manage the patient's symptoms effectively, ensuring he could stay at home as per his and his family's wishes. She coordinated with the palliative care team, GP, and district nurses to set up the necessary syringe drivers for pain management. Sian emphasised the importance of communication with the family and ensuring the patient's comfort, which facilitated a good death surrounded by loved ones. Sian's story exemplifies the aspiration to provide the best possible death in the place of choice, with adequate support for the family, with the committee noting the need for more consistent and comprehensive end-of-life care for more patients from the wider NHS system. Investment through the six goals programme aims to improve community services, including a 2-hour community response and a renegotiation of the GP contract, however the current gap in commissioned community and primary care services for end-of-life care was emphasised.



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Members expressed thanks to Sian for sharing her experiences and for the important work done by the palliative care team. The future WAST clinical model aims to involve enhanced support from APPs and the remote integrated care service to assist frontline clinicians and ensure appropriate escalation when needed.

4. The Committee received **an update following the patient story from Linda Erro Castillo** at the last meeting and noted progress against actions identified, including the ability to record learning difficulties/autism/neurodiversity and to prompt/record reasonable adjustments that went live on ePCR in October 2024.
5. The various initiatives in **maternity and neonatal care** were highlighted to the committee including:
  - Neonatal thermoregulation improvements significantly increasing normothermic admissions from 4% to 75%.
  - The maternity red phone service which offers a single point of access from WAST to Maternity Units and has been implemented across four Health Boards.
  - An OBC is being developed for a national maternity and labour advice line is being prepared at the request of Welsh Government.
  - Congratulations to the team for winning an award at the NHS Wales Awards recently for the Maternity and Neonatal Safety Support Programme.
6. The Committee received the **Operational Update for Q2 2024/25**. The Medical Emergency Response Incident Team (MERIT) training was discussed, with members noting that due to training not being commissioned, Trust has been unable to continue this. The ongoing challenge to recruit 111Wales call handlers was noted as was the plan to achieve this for winter. The committee was pleased to note that the trial to offer Welsh call answering skill has been extended. Trade Union partner representative commented on the positive tone of the report, which much going on across the directorate.
7. The **Airway Policy was approved**, with the committee noting that an EQIA had been done with no issues to escalate.
8. Members' **reflections** on the meeting included:
  - Members acknowledged the challenge of balancing detailed information with the need for concise reporting, as well as the value in celebrating successes alongside addressing areas for improvement;
  - Members thanked colleagues for the quality of the presentations and reports given and acknowledged the extensive transformation and change within the organisation which is being reported on by colleagues. The level of challenge from members was considered to be robust;
  - Members reflected on the length of papers and the need to consider how to focus on what business and content should be brought to the meeting to reduce the length of papers, where appropriate.



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## ASSURE

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

### 9. **Clinical Model Transformation (CMT)**

Assurance on quality and patient safety of the CMT was provided to the committee with respect to the clinical navigator model and internal clinical governance. The Committee noted:

- 9.1. The introduction of a new **Clinical Navigator** role as part of the CMT will focus on clinicians using their expertise to quickly assess patients and determine whether they require immediate emergency ambulance dispatch or are suitable for remote clinical management. Clinical Navigators will also perform high acuity live reviews, provide remote clinical support, and oversee the EMSC response queue. A successful recruitment campaign has attracted 30 staff, with 19 starting their induction training this week.
- 9.2. Non-Executive Directors commended the approach whilst seeking to emphasise the need to monitor resources and implementation of this and the model more broadly. The challenge of successful implementation during a very busy period for the Trust was recognised, as was the novel nature of the CMT and the need to learn quickly from any issues that arise. The levels of harm occurring in the community currently because of our inability to reach patients is well rehearsed in this committee and reflected in risks 223 and 224 and is the driver for this evolved model. The initiative aims to move towards safer care, acknowledging that while it may not eliminate all harm, it is expected to reduce the level of harm in the system and has the potential to add significant value, particularly to the patients currently coded in the Amber categories.
- 9.3. Members were reminded that Clinical Navigators are part of a broader clinical model that includes new clinical systems supporting 111 Wales and the Remote Integrated Care Service, which will enhance patient care planning and resource utilisation. The positive impact on patients and staff of the CMT was raised by Trade Union representation at the meeting.
- 9.4. The **Clinical Advisory Group** (CAG) has been established to provide crucial clinical oversight and strategic support to the Clinical Model Transformation (CMT) Programme. The CAG reports to the established Clinical and Quality Governance Group and the CMT Programme Board. This aims to reinforce clinical safety and make well-informed decisions through the guidance of senior clinical leaders. The CAG will provide senior clinical leaders in the Trust the opportunity to explore complex issues, offer diverse clinical insights across the CMT programmes, review safety data to mitigate risks, ensure ethical considerations, and maintain transparency and accountability. The CAG has delegated authority aligned to individual members to ensure effective and timely decision making as part of the CMT programme when required. Planning is underway for patient representation on the CAG in due course.
- 9.5. The **Quality Impact Assessment** for the CMT was reviewed in private session given that there are still issues under consideration with Welsh Government. Members received assurances on process and quality.



## 10. Monthly Integrated Performance Report (MIQPR) and Putting Things Right (PTR) Report

10.1. The Committee received assurance by way of the MIQPR for September 2024 along with the Q2 2024-25 PTR Report. The board receives the MIQPR at its meetings, however the bullet points below reflect discussion on key elements, with further detail on the PTR report drawn out for the board's assurance and awareness.

10.2. The MIQPR noted an absence of data for some of the committee-specific KPIs, however, that has now been resolved, with the PTR report setting out the correct data which will flow into the next iteration of the MIQPR. Work is underway to resolve other areas of data quality at source and aligning various types of information. The Finance and Performance Committee will review any data quality issues and improvement plans at their next meeting.

10.3. The Committee draws out the following areas of assurance for the Board:

- Immediate release requests by Health Board were reviewed, with the committee noting that the two with the highest percentage of immediate release, for both Red and Amber 1, Cardiff and the Vale University Health Board (97.1%) and Cwm Taf Morgannwg University Health Board (86.5%), both have the lowest numbers of lost hours by health board over the quarter.
- There is a continuing number of serious incidents shared with Health Board colleagues to investigate under the Joint Investigation Framework. For the second period in a row, none were directly related to immediate release requests.
- The number of patient safety incidents received on Datix has reduced compared to the same time last year.
- There is a sustained increase in the number of concerns received compared to the same period in 2023.
- National Reportable Incidents increased in the quarter.
- A return to usual activity levels in respect of Coroner's requests for information was noted, however the ongoing impact of increased requests from last quarter was acknowledged.
- The five-day complaint acknowledgement compliance met the 100% Welsh Government target in the quarter.
- The 30-day response saw dips in the quarter from 70% (July), to 40% (August) and 46% (September). The drop in performance was because of the PTR and Legal Services Recovery Plan to reduce open complaints, which decreased from 197 in July to 106 in September. This approach aims to reduce overdue responses and set up consistent future performance, with rapid improvement expected now that complaint volumes are more manageable. Most complaints continue to relate to delayed response in the community following calls made to 999.
- Organisational learning, particularly from nationally reportable incidents reviews, was reviewed, with clinical notices issued as a result on maternity action cards, Terrapace updates and ePCR nudge tool, and procedural changes for reviewing ECGs.
- The experience for oncology and renal patients of the non-emergency patient care service remain above target which was positive, with advanced discharge and transfer performance improving, but remaining below target.



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- 111 NHS Wales call answering performance improved over recent weeks, with the call abandonment performance improving to 7% (was 11.9% in June) against a target of 5%. It is expected to improve further in October.
  - ROSC rates deteriorated slightly in September to 19.4% (compared to 22.7% in June) , however, members noted that other clinical indicators are improving because of the clinical indicator improvement plans. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.
11. The first **no and low harm incident** report was received by the committee. Members noted the large volume grade 1 and 2 complaints (none or low harm categories), which after investigation, are assessed as not having resulted in harm and are near miss opportunities for learning. Deeper analysis is limited currently because of the classification system of reported incidents which caters largely to secondary care services. There is scope to improve the relevance and application of the code sets to Ambulance Services through our representation at national workstreams. Future reporting and analysis of near misses and low harm will be included within the PTR Report.
12. The Committee focused on the **clinical indicators related to ST segment elevation myocardial infarction (STEMI) (heart attack)** including a presentation on criteria measurement, data quality, reporting, improvements, and next steps. A Clinical Indicator Recovery Plan, which aims to address identified risks and improve the accuracy of data recording and reporting, has been implemented, featuring workshops, ePCR user engagement and 'scripting' reviews. Manual audits show higher compliance than automated ones with 'raw' data suggesting that care is being delivered but not always recorded in the Electronic Patient Care Record (ePCR) where data is automatically sourced. Key issues include the user interface changes in the ePCR system and the development of a 'Tenant Structure' that would allow clinicians to own their own Clinical Indicator performance. Other key enablers included changes to scripting in automated audits, and additional 'nudge' tools. Committee were assured that the ongoing work is benefiting our patients.
13. The biannual **Patient Experience and Community Involvement (PECI) Report** for April to September 2024 sets out the team's focus on gathering feedback from the public and patients to improve the quality and experience of services. Key themes from feedback include response times for emergency services and access to care, and outlines plans for improving data collection methods and reviewing survey questions to ensure they adequately address the experiences of patients. Overcoming the challenges related to fully utilising the Civica system for patient experience feedback is key, including information governance concerns and the need to comply with ICO requirements. The Chair attended the recent learning disability conference facilitated by the Peci team, which was excellent, and fed back that broader engagement with a wider demographic with more complex issues would be beneficial.
14. The **Learning From Deaths (Mortality Reviews) Report** was received. 238 referrals have been received by the Trust from the Medical Examiner Service in the first two quarters of 2024/25 with 44 cases requiring further review under the Putting Things Right guidance. This workload is in excess of that expected and is placing pressures on several teams across the Trust to respond. The report highlighted themes and trends that largely relate to delays attending in the community. It was recognised that there is more to do to understand the differential impact of skill mix on patient



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outcomes and use ePCR records to identify patterns in death related to or following care.

15. The **Mental Health and Dementia Annual Report 2023/24** was presented and is attached at **Annex 1**. Key accomplishments include the Mental Health Response Vehicle initiative, the ongoing use of RITA tablets for dementia care, and training programs for staff. The team was commended for the partnerships they have fostered with organisations like Alzheimer's Society Cymru and received the Dementia Hero Award for Professional Excellence in 2023. The report also highlights the challenges faced and sets the strategic outlook for 2024/25.
16. The **Clinical Audit Plan and Action Tracker update for Q2 2024/25** was received. 13 audits are included in the plan for 2024/25 and those completed during the period covering a range of topics including clinical conditions, medicines, and compliance to documentation, with the newborn normothermia audit added in Q2. Some audits are delayed due to ePCR user interface changes which are under review through the organisational clinical governance routes.
17. Members received assurance on the work undertaken relating to **IPC Preparedness and Emerging Health Risks with MPOX** and the Trust's preparedness for an outbreak of a highly contagious infectious disease (HCID) as set out by NHS Wales Executive. Committee noted the focus on efforts to respond effectively and that the Trust has stratified the national release of PAPR as a new universal EMS respiratory protective measure, prioritising those furthest away from the HART and M4 corridor for access to a specialist response. A member of the Resilience Team will be attending a Welsh Government meeting to provide additional assurance regarding the organisation's readiness for any outbreak.
18. An update was received on the **Audit tracker** with 23% (39% last quarter) of committee related internal audit actions (due in quarter) closed in quarter, with no (62% last quarter) external audit actions closed this period. The Committee noted that there are two open actions from the previous Audit Wales Review of Quality Governance audit from 2022-23 which will be revisited in response to the recently completed Follow Up Review of Quality Governance audit, and new management actions will be developed for these outstanding actions.
19. Members received the Committee **Cycle of Business Monitoring Report** and progress against the **Committee's priorities** for 2024/25.
20. The Quality Impact Assessment (QIA) for the **Manchester Arena Inquiry Project** was received in closed session due to the sensitive information it contained regarding the Trust's response capabilities and financial position. Members were assured and approved the QIA.

## RISKS

**Risks Discussed:** The Trust's two highest scoring **risks 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.



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

**New Risks Identified:** No new risks were identified.

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 Q1 2024/25  | Staff story – Sian Davies-Kumar, Palliative Care Paramedic                           | Clinical Transformation Programme – Clinical Governance                 |
| Rapid Clinical Screening  | Monthly Integrated Quality and Performance Report                                    | Mental Health and Dementia Annual Report 2023/24                        |
| Putting Things Right Report Q2 2024/25  | Datix Recovery and Improvement Plan  | Focus on Clinical Indicators – STEMI                                    |
| Clinical audit plan and action tracker Q2 2024/25   | Patient Experience and Community Involvement Biannual Report April to September 2024 | Learning from Deaths (Mortality Reviews) Report April to September 2024 |
| IPC Preparedness and Emerging Health Risks with MPOX and other high consequence infectious diseases | Maternity and Neonatal Safety Support Programme Update                               | Near Miss and Low Harm Intelligence Report                              |
| Audit Tracker   | Risk Management and Board Assurance Framework  | Policies for approval   |
| Committee cycle of business monitoring report and committee priorities 2024/25                      |  |   |

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

|  |                    |
|--|--------------------|
|  | Attended           |
|  | Deputy attended    |
|  | Apologies received |
|  | No longer member   |

<sup>1</sup> Duncan Robertson in attendance from 0930

<sup>2</sup> Alex Crawford in attendance from 0930