QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (QUEST) ANNUAL REPORT 2024/25

INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.

4. The committee met on 04 February 2025 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2024/25 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The committee is established to scrutinise improvements in outcomes in quality, patient experience, effectiveness, and safety to reduce incidences of avoidable harm. It provides oversight of and seeks assurance on statutory and regulatory compliance, including but not limited to the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

MEMBERSHIP AND ATTENDANCE

6. The committee met four times as scheduled in 2024/25 and was quorate on each occasion.

7. The committee is supported by the Chair and three Non-Executive Directors as members, and a number of core attendees. The number of Non-Executive Directors was reduced in year to three, as of the 01 January 2025. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2024/25. The committee welcomed non prescribed attendees at various meetings as well as external guests.

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[1]		
Lee Brooks	Jonathan Edwards	Pete Brown (open)		
Rachel Marsh	Hugh Bennett	From 1120[2]	Hugh Bennett until 2pm	
Jonny Sammut				
Trish Mills	Julie Boalch			
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

8. The membership of the committee was revised effective quarter four of 2024/25 in response to changes to the Non-Executive Director membership of the Trust Board, as indicated above. This includes Rhiannon Beaumont-Wood as a member of the committee. The February 2025 meeting of the committee was her first meeting.

9. No changes to membership are proposed at this stage.

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

10. The committee's effectiveness was assessed through a facilitated discussion held at the meeting on the 04 February 2025, which included a review of its terms of reference and cycle of business.

Enhancing Report Writing and Assurance

- Feedback highlights a strong preference for enhanced clarity and structure in the processes of report writing. Key points include the need for standardised templates and clear work programmes to streamline reporting and reduce redundancies. Tools such as AI writing aids and succinct executive summaries are also seen as valuable additions to support these goals, as well as a limited word count in papers.
- Respondents also advocate for better data flows to drive dashboard reporting and clarity on the role of the committee with respect to the MIQPR.
- There is a desire to better triangulate reports on the agenda, and alignment reports with strategic priorities, and to ensure they are outcome-focused and actionable.

Strengths of the Committee

- The effectiveness of the chairperson and the balanced dynamic of challenge and support within the committee were frequently praised.
- The leadership is noted for promoting an inclusive atmosphere and ensuring patient stories are central to discussions, which enhances the patient-centred focus. The integration of lived experiences and maintaining a consistent quality focus are seen as pivotal to the committee's success.
- The committee's strengths include strong engagement, regular attendance, a culture of openness and transparency, and robust reporting to the board with escalations where appropriate.

Areas for Improvement

- There is a consensus on the need for more efficient and effective meeting management. Suggestions include shorter meetings or splitting lengthy sessions over two days to maintain engagement and reduce fatigue.
- Respondents call for more concise agendas and reports, and effective executive summaries, which would allow better preparation and more strategic discussions. Presenters should assume the paper has been read and give over more time to questions. More clarity on the flow of papers through the internal governance routes may help to shorten the detail.

- There's also an emphasis on aligning meeting materials more closely with the organisation's strategic objectives and improving the timing of paper distribution.
- Additionally, a shift towards a greater focus on outcomes (the 'so what') and continuous improvement is recommended to enhance the dynamism and impact of committee sessions.

11. Changes to operating arrangements as a result of the above are set out at paragraph 17. Some areas not drawn through to changes include:

    - The length of the meetings arose frequently in feedback with some suggestions to move them to bi-monthly or split the quarterly meeting over two days. It was felt that at this stage this would not be appropriate, especially given that the remit of the committee was deemed to be appropriate. There is a regular 45 minute agenda setting meeting with the chair and executive leads shortly after the last meeting which discusses in detailed the flow, timing, and specifics for particular reports where appropriate.

    - An integral aspect of our annual effectiveness reviews is to ensure the committee focuses on the appropriate matters at the optimal times. Adjustments to the terms of reference and cycles of business have now been made to reflect this. Consequently, directors have considerable influence over the content of papers presented to the committee. We encourage report writers to consider this and reflect on the feedback regarding the volume and focus of papers, as well as approaches to presentations, when preparing submissions.

    - The aim of the new templates, writing and presentation guidance is to reduce the volume of papers and ensure more succinct presentations which will go some way to reducing overall length of meetings. A new short form paper will be offered where a fuller SBAR report is not needed.

    - There was feedback on the availability of papers, however the majority of papers are uploaded to Ibabs and the Trust's website seven days before the meeting. For this meeting however there was an issue with availability on the day of the meeting as some adjustments to the papers were made.

Management of the committee's work programme

12. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the

committee and in this respect, it has discharged its responsibilities in providing assurance to the Board. The committee's business in 2024/25 included:

12.1. In 2024/25 the Trust continued to review and evolve its clinical model, and the committee heard updates on the progress of this work through the **Clinical Model Transformation Programme (CMT)** in the context of wider system pressures. Assurance was given to the committee on the internal governance arrangements for the programme through the CMT Programme Board that reports to the Strategic Transformation Board demonstrating a commitment from the Trust to work towards safer care and continual improvements for patient safety. particular the committee received the following information and assurances on the CMT:

12.1.1. The committee heard of the introduction of the new **Clinical Navigator role,** which will allow clinicians to use their expertise to quickly assess patients and determine whether they require immediate emergency ambulance dispatch or are suitable for remote clinical management.

12.1.2. The **Clinical Advisory Group (CAG)** was established in year to provide clinical oversight and strategic support to the CMT. The committee heard that the CAG reports to the already established Clinical Quality Governance Group and the CMT Programme Board.

12.1.3. The committee received the **Quality Impact Assessment** (QIA) for the CMT in private session in November and a revised QIA in February 2025 in open session. Members gained assurance on the processes around, and the quality of the work associated with, this programme. The committee commended the Trust on its approach to this development and the challenge of successfully implementing service changes during a very busy period.

12.2. **The Putting Things Right** (PTR) (previously the Patient Safety Highlight Report) and **MIQPR reports** are received at each meeting. These include a range of metrics, some of which the board sees through the MIQPR and others that are specific to the committee. The outputs of discussions are reported to the board and escalations made where required. The MIQPR includes reporting on safeguarding measures, which is supported by receipt of the annual Safeguarding Report.

12.3. An update on the **Putting Things Right Recovery Plan** was received in May, which linked with the Joint Investigation Framework Internal Audit and outlined key improvement actions for the Trust over the following 12 months to aid the Trust meet its targets and ensure that patients and families receive the best service.

12.4. The **Datix 'Once for Wales' Concerns Management System** contains incident reporting data for patient, staff, and contractor safety concerns, as well as other bespoke modules. Challenges have been identified, and a recovery and improvement plan was reviewed which address the key issues and risks. The plan was noted in February, with concerns raised as to deliverability timescales and the resource to implement the plan. The committee will receive updates by way of exception reporting where there are significant risks posed to matters in the remit of this committee.

12.5. A **'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. Assurance that this committee was monitoring this was provided to the Audit, Risk and Assurance Committee (ARAC) by the Chair.

12.6. The **Learning From Deaths** bi-annual reports were received. These reports highlighted themes and trends that largely relate to delays attending in the community. The committee recognised that there is more to do to understand the differential impact of skill mix on patient outcomes and use of electronic patient clinical record (ePCR) records to identify patterns in death related to or following care.

12.7. The committee continued its quarterly **focus on clinical indicators** taking deeper dives into the indicators of **fractured neck of femur**; **hypoglycaemia** including a presentation on the care bundle criterion which is completed ePCR; **ST segment elevation myocardial infarction (STEMI) (heart attack)** including a presentation on criteria measurement, data quality, reporting, improvements, and next steps; and **stroke**. These have proved invaluable for the committee to understand these indicators more widely.

12.8. At the May meeting the committee received a position update on the **changes to the stroke categorisation** and assurance was given that there is no evidence that these changes have impacted the Amber 1 response times. The Trust continues to work with the Welsh Stroke Network in line with the UK guidelines and recommendations made by Health

Inspectorate Wales. Placement of the specialist hyper acute stroke units is still being determined which will influence the Trust's modelling in the future. A deep dive on the clinical indicator for stroke was held at the February 2025 meeting.

12.9. A theme which ran through a number of items at the February meeting included the importance of **data as intelligence** to drive continuous improvements for patient safety, as well as digital to support technology advancements/innovation. The need to prioritise digital projects, including the integration of Datix and other systems, to ensure alignment with organisational needs and available resources was emphasised. This is currently underway as part of the development of the IMTP 2025-2028.

12.10. Each meeting heard a **patient story** (and received and update on the previous meeting's patient story):

- In May the committee heard from **Fiona Maclean**, a Patient Experience and Community Involvement Manager, and **Julie Starling**, from Save A Life Cymru, who spoke about their efforts to actively promote the learning of life saving skills throughout the year. Through this work it has become clear that not everyone can perform CPR and for those who do, some were left with symptoms of Post Traumatic Stress Disorder. The Trust is working with Save A Life Cymru to improve the support available to the public.

- In August the committee heard from **Linda Erro Castillo**, who shared the experience of her family after calling am ambulance for her son Guy, who was in distress and unable to breath. Guy has learning difficulties, and Linda's concerns included the need to ensure that call handlers bear in mind the experience of vulnerable people who may not be able to answer questions in response to a 999 call. Guy's situation worsened and Linda was fearful that Guy was going to die and could not access the help he needed. Members sought to understand the pace of the work being done to improve the experiences of patients with learning difficulties and their families given similar issues have been raised in patient stories.

- In November the committee heard from **Sian Davies-Kumar**, a Palliative Care Paramedic who shared her experience supporting patients with end of life care. Sian described how she co-ordinated with the palliative care team, GP, district nurses, to set up the required support for the patient she attended. Her story exemplifies the aspiration to provide the best possible death in the place of choice,

with adequate support for the family. The committee noted the need for more consistent and comprehensive end-of-life care for more patients from the wider NHS system. It was heard that the future WAST clinical model aims to involve enhanced support from Advanced Paramedic Practitioners and the remote integrated care service to assist frontline clinicians and ensure appropriate escalation when needed.

- In February the committee heard from **Gemma** following her experience with the NHS Wales 111 Service where she made a formal complaint to the Trust about her experience as a deaf service user. Gemma's experience has highlighted the improvements needed to ensure equity of access and the Trusts' ability to respond to Deaf service users.

12.11. The Patient Experience and Community Involvement (**PECI**) bi-annual reports were received providing positive assurance we are meeting with and consulting with the public and out stakeholders, including with Llais (the Citizens Voice Body). The level of ambition and commitment was recognised, drawing through focus on continuous improvement and the value of patient experience reporting.

12.12. A report was given on various initiatives in **maternity and neonatal care**, which included improvements in neonatal and thermoregulation care and the use of the maternity red phone service, which offers a single point of access from the Trust to Maternity Units and has been implemented across four Health Boards.

12.13. An assurance report was received regarding infection, prevention and control **preparedness and emerging health risks with MPOX** and the Trust's preparedness for an outbreak of a highly contagious infectious disease as set out by NHS Wales Executive.

12.14. Members received a presentation on the revision to the **Clinical Plan**, previously known as the 'Delivering Clinical Excellence in Wales Clinical Strategy'. The content was 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.

12.15. The Trust's **annual Clinical Audit Plan for 2024/25**, which allows the planning and prioritisation of clinical audits across the financial year, was approved. It is not always possible to predict all of the topics that

require evaluation and therefore this is a dynamic document which is updated quarterly with oversight by this Committee. This supports recommendations in the Audit Wales Clinical Governance Review 2022. An update on the progress against the Clinical Audit Plan through the audit tracker was received at each meeting and assurance provided to ARAC by the Chair that this plan was in place.

12.16. Various **Trust policies** have been received for approval throughout the year, following the update regarding the backlog of policies for review in 2023/24. These policies were noted as:

- Consent to Examination and Treatment
- Management of Controlled Drugs
- Non-Medical Prescribing
- Premises and Vehicle Cleaning
- Clinical Supervision
- Dispatch Cross Reference Table Policy
- Management of Medical Devices Policy
- Airway Policy
- Safeguarding Children and Adults at Risk of Harm Policy
- Violence Against Women, Domestic Abuse and Sexual Violence Policy

12.17. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures. A focus on the updates throughout 2024/25 included the recommendations related to the Manchester Arena Inquiry and ongoing challenges to recruit to the 111 Wales call handler roles. The Quality Impact Assessment for the Manchester Arena Inquiry Project was received in closed session which was approved by the committee.

12.18. **Reflections** are taken at the end of each meeting and included:

- In May: Members reflected 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.

- In August: Members reflected that the papers were of a good quality, as were the presentations. Members noted that there are challenges across the system in terms of patient journey and patient outcome,

and that the Trust is involved in the discussions about pathways and outcomes as a key partner. Additionally, contributions from wider attendees of the committee are always welcome.

- In November: Members reflected on the challenge of balancing detailed information with the need for concise reporting, thanked colleagues for the quality of presentations and reports, and that the level of challenge from members was considered to be robust. The need to consider how best to focus business to ensure concise reporting.

- In February: Members reflected that 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.

12.19. The Health and Care Standards (2015) have now changed to the **Health and Care Quality Standards (2023)** with six domains and six enablers. The domains are Safe, Effective, Timely, Efficient, Equitable and Person Centred. The enablers include Leadership, Culture, Information, Learning Improvement & Research, and Whole System Approach. An update on the work in developing a self-assessment against the Health and Care Quality Standards was received in February 2025.

12.20. The first **Duty of Quality Annual Report for 2023/24**, following the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 was received prior to approval by the Trust Board. The final iteration of the report was received in August after approval.

12.21. An update was received on the **Quality Strategy 2021-2024 implementation plan**, as well as the development of its successor, the Quality Plan 2025-2028. A key focus for the **Quality Plan 2025-2028** is co-production include understanding the voices of our citizens and service users as well as those of our people. The Committee approved the approach to the plan and an extension of the current strategy to 1 April 2025 to allow for its development.

12.22. The committee noted that the **111 Clinical Assessment Software Replacement Project** went live on the 30 April 2024, as planned. In closed

session the committee received assurance that there have been no reported clinical incidents, and no serious adverse incidence and no patient experience complaints related to the use of the system. The committee heard that whilst it was introduced as a replacement to the former system, however within the emerging Trust Clinical Model Transformation Programme there were significant opportunities for enhancing patient experience, reducing inequity in patients accessing services, and build more efficient Trust services and processes.

12.23. The Committee **cycle of business** was approved at its May meeting. Focus was given to including the Trust's compliance against the Health and Care Quality Standards throughout 2024/25.

12.24. The following **annual reports** were received for assurance and discussion:

- Mental Health and Dementia Annual Report 2023/24
- Annual Safeguarding Report 2023/24
- Annual Infection, Prevention and Control Report 2023/24

12.25. **Risks** relevant to this Committee – 223 and 224 – are reviewed at each meeting and the agenda is driven by these risks. Risks to the committee heard that lost hours due to handover delays remained significant throughout the year. This presents patient safety risks and extended waits in the community, with deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service. Members were assured that with reference to these risks, whilst not moving in score, the position is dynamically reviewed regularly and closely monitored at many of the Board's Committees as well as at internal forums. Furthermore, the approach to these risks was considered in year by the Trust Board, given that their score has remained catastrophic for a significant period. This thinking will develop throughout 2025/26.

12.26. The **annual effectiveness review** was conducted in the February 2025 meeting of the committee.

12.27. The revised **Audit** tracker and process was reviewed and good progress has been made to close down management recommendations throughout the year.

12.28. The follow up **Review of Quality Governance Arrangements** audit report from Audit Wales was received in February 2025. This report found that the Trust has made some improvements to its quality governance

structures, including responding to the duties of quality and candour, but that there is scope for future improvements in some areas to strengthen assurance relating to the quality and safety of its services.

12.29. Members received a presentation on **cancelled calls potential impact analysis** and were assured that the CMT and ongoing improvements in data analysis and reporting could help address challenges in providing timely ambulance responses affected by high demand and ongoing hospital handover delays.

12.30. The committee received a suite of **internal audit** reports:

12.30.1. **Serious Adverse Incidents** (reasonable assurance). The matters which required management attention included areas of non-compliance with Section 4 (Joint Investigation Process) of the NHS Wales National Policy and noted that a review of the National Policy should be undertaken;

12.30.2. **Electronic Patient Clinical Record: Clinical Compliance** (reasonable assurance). Management attention was required in respect of oversight of training completion, on the limitations of reporting and associated data quality;

12.30.3. **Seatbelt Action Plan** (reasonable assurance). The matters for management attention included the limited number of internal quality assurance inspections completed, improvements required around reporting of results and monitoring of related health and safety inspections;

12.30.4. **Clinical Audit** (reasonable assurance). The report actions included where (a) the Clinical Strategy lacks sufficient reference to clinical audit and its role within the Trust; and (b) the Clinical Audit Plan could be strengthened to demonstrate alignment between individual audits and the Trust risk register and priorities.

12.30.5. **Patient Experience and Community Involvement (PECI)** (reasonable assurance). The matters that required management attention included enhancement of the expected activity to be undertaken by the PECI team and enhancement of reporting on the impact and outcomes of the engagement activities.

12.31. The **Committee's priorities for 2024/25**are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.

13. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee. Each of the AAA report escalated the issue of handover delays and the impact of this on our patients and our people; the highest rated risks 223 and 224.

14. The committee is not currently serviced by any Sub-Committees.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

15. The proposed changes to terms of reference for this committee for 2025/26 are in **Annex 1** and include:

15.1. The purpose section has been amended to include a responsibility to take account of the Trust's wellbeing objectives.

15.2. The delegated responsibilities have been re-ordered to align to the Health and Care Quality Standards.

15.3. Wording has been amended to avoid duplication and provide clarity.

15.4. Additions include:

- Assurance that there is a quality management system in place
- Assurance that our services are evidence-based
- Specific assurance on medicines management
- Specific authority to approve the clinical audit plan
- Clarification on membership nomenclature
- Emphasis on the need for three Non-Executive Directors over and above the quoracy requirements

16. The cycle of business for the committee has been amended in line with the adjustments to the terms of reference. Reporting frequency was discussed in the February meeting and has been reflected in the cycle of business for 2025/26 which was approved by Chair's Action.

PROPOSED CHANGES TO THE OPERATING ARRANGEMENTS

17. Proposed changes to operating arrangements for this committee are set out below. Some are relevant to arrangements across other committees also and they include:

    17.1. Committee to maintain a strong focus on equality, diversity and inclusion in its strategic direction.

    17.2. Where possible in 2025/26 the introduction of more hybrid meetings.

    17.3. A reduction in the reporting against the audit tracker is being considered by ARAC in an attempt to reduce volume for committees and increase assurance. More detail on this will come back to the committee in due course.

    17.4. New report front covers and SBAR templates have been developed. They include a short form report which includes a requirement to set out purpose of report and alignment to strategic objectives, wellbeing objectives and health and care quality standards. This will be accompanied by writing guidance and presentation guidance.

    17.5. Writing guidance will set out the purpose of executive summaries in an attempt to ensure they are reflective of the comments received by members of this and other committees, particularly as they relate to a greater focus on outcomes.

    17.6. Feedback following meetings on reports – both positive and where there are areas of improvement – are encouraged from committee membership. This will ensure we are working towards a continuous improvement in paper length and assurance.

    17.7. A 'reading room' will be established in Ibabs for documents that members may wish to review for further information, but which are not vital for scrutiny and oversight.

17.8. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.

COMMITTEE PRIORITIES

Priorities for 2024/25

18. The Committee received an update on progress against its priorities at each meeting. The 2024/25 priorities were:

Priority	Progress
Continue to monitor the duty of quality and duty of candour i.e. Committee will monitor implementation of the Duty of Quality and Duty of Candour following the Health and Social Care (Quality and Engagement) (Wales) Act.	• An update on the Duty of Quality Implementation Plan was received by the committee in February 2025. With this report an update will be provided on the progress on developing self-assessments against the Health and Care Quality Standards. • The Duty of Quality Annual Report for 2023/24 was received by the Committee at its meeting in May 2024 and approved by the Trust Board in July 2024 for publication.
Monitor the delivery of the Quality Strategy (Plan)	• At the Committee in August 2024 the revised approach to the development of the Quality Plan for 2025-28 was approved, as was an extension of the current strategy until the 01 April 2025 to allow for the development of a robust Quality Strategic Plan for 2025-28. • Additionally, at the August 2024 meeting a general update on the delivery against the extant Quality Plan was received. This area of business is included on the Cycle of Business which will inform each agenda setting meeting.

Priority	Progress
Monitor the organisation's compliance with the Health and Care Quality Standards 2024	• At the November 2024 meeting of the Committee members noted that the Trust intended to prepare a position paper on the implementation of / compliance against the Health and Care Quality Standards 2024 for the meeting of the Committee in February 2025. This was received at the February 2025 committee. • The final Duty of Quality Annual Report for 2023/24 and the associated self-assessment against the Health and Care Standards was received by the Committee at its meeting in August 2024.

Priorities for 2025/26

19. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. The committee will do so at its May 2025 meeting, and these will be provided to the board at its May meeting.

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.