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University NHS Trust

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 | 30 May 2024 |
| Committee Meeting Date | 7 May 2024 |
| Chair | Ceri Jackson |

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays remained significant in January at just under 27,000 hours with a slightly improving picture in February and March at around 24,000 hours. **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. 2,137 patients waited over 12 hours to receive a response in Quarter 4, with one patient waiting almost 47 hours. 220 of these patients were elderly frail who are likely to experience additional harm due to protracted delays and the first Regulation 28 report was issued in March which raised concerns about patients developing pressure damage.
2. The Trust continues to work across the system with partners to influence system change, the Committee demonstrated through the discussions throughout the agenda and the Trust Board has before it today, an update on the system actions to mitigate avoidable harm. Whilst risks 223 and 224 have not changed their risk rating, the Committee was assured that they are dynamically reviewed and updated with new mitigations wherever possible. Acknowledgement of the work underway internally on the approach to articulating these risks both from system and internal perspectives
3. The **111 CAS (Clinical Assessment Software) Replacement Project** went live on 30th April 2024 as planned.
4. Members noted the continued challenge in the team to deliver the **Putting Things Right Recovery Plan** with two key members of staff off long term and the additional time constraints in recruiting to the posts.
5. Members specifically requested escalation updates on the Trust's ability to provide a Civil Contingency Response.



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ADVISE

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

6. Fiona Maclean, PEI (Patient Experience Community Involvement) 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 apparent that not everyone can 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 PEI team reached out to Save a Life Cymru (SaLC) to explore how this could be progressed in collaboration utilising a digital solution and a QI (Quality Improvement) methodology.
7. Further, a proposal was put forward to the 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 WAST, the Health Boards and partners such as GPs, EMRTS (Emergency Medical Retrieval and Transfer Service), 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.
8. An initial pilot of bilingual business cards titled, 'Support for cardiac arrest survivors and CPR providers is planned, it will feature a QR code is planned, with engagement through the Trust's People & Community Network, that 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 SMS, linking to the NHS App and community outreach programmes.
9. 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.
10. The Committee 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 to capture the learning captured from the discussion.
11. The Committee received the **Operational Update**, highlighting key areas including workshops on the Trust's capacity and capability to respond following the Manchester Arena Inquiry to recommend what additional resources are required to effectively plan. The Trust's accredited centre of excellence standard for MPDS (999 call handling) has fallen below the required standards set by the International Academy of Emergency Dispatch in the last quarter; however, demonstrable improvements have already been



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made to return to compliance in April. Resilience in teams is improving with the planned launch of the Work Management Portal in Q3, recruitment into the EMD function and the EMSC Leadership, Operations Quality and Ambulance Care OCPs (Organisational Change Process) all in progress. Q2 will see the 111 service return to full establishment with digital solutions in the pipeline to enable progress on patient flow which is key due to demand levels increasing. Quality and Support days have been delivered to operational managers promoting culture and behaviours in key areas such as seat belt and safety harness use, Dress Code Policy, and IP&C (Infection & Prevention Control).

12. A **suite of policies** was presented to Committee and approved. EqlAs (Equality Impact Assessment) had been undertaken for each policy and there were no issues to escalate. The extensive activity was commended by the Committee in ensuring our policies remain up to date.
- Consent to Examination and Treatment
 - Management of Controlled Drugs
 - Non-Medical Prescribing
 - Premises and Vehicle Cleaning
 - Clinical Supervision
 - Dispatch Cross Reference Table Policy.
13. 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.

ASSURE

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

14. The Committee received assurance by way of the **Monthly Integrated Performance Report (MIQPR)** (Monthly Integrated Quality and Performance Report) for February and March 2024 along with the **Quarter 4 Putting Things Right (PTR) Report**. The Committee noted that:
- 999 calls answered have declined to 34 seconds in March not achieving the 6 second target. The 65th and 95th percentile performance is strong.
 - Red 8-minute response times remain of concern at 48.9%; however, these are consistent across a sustained period.
 - Amber 1 median is 1 hour 22 minutes.
 - Abstraction levels in EMS (Emergency Medical Service) hit 30% as a benchmark level.
 - 111 Abandonment rates increased in March to 11.8%.
 - 111 demand continues to increase, and a Demand & Capacity review is required.
 - Re-rostering of NEPTS (Non Emergency Patient Transport Services) will be reviewed this year as a key efficiency.
 - 7.67% sickness absence slightly above target in March 2024 compared to 8.50% in February 2024. The 2023/24 target is 6%.
 - The Trust received two Regulation 28 Reports 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



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All-Wales Tissue Viability Network to determine next steps in identifying avoidable harm across the system in respect of pressure damage and provide assurance to the coroner. The CQGG continue to give focus on this and a workstream is taking place on AACE (Ambulance Chief Executives) and Qi Guard to understand the level of challenge across UK ambulance services. The desire to understand true system risk and how it is managed by the system has led to a workshop later in May.

- 1,094 patient safety incidents were reported in Q4 with themes continuing to be timeliness to respond and handover of care delays. Whilst these are lower than the previous quarter, they remain extreme.
- 336 concerns were received in Q4, and the acknowledgement target has been amended nationally to 5 days. Performance during the period was at 99%, 95% and 99% for January to March respectively (100% target). The 30-day target achieved 53%, 35% and 56% respectively (75% target) which overall was a slight reduction from the previous quarter. The themes and trends through most of the concerns remains timeliness to responding to calls in the community and access to Ambulance Care.
- There continues to be a backlog of concerns relating to Ambulance Care relating to appointments and work is underway with the Patient and Family Relations Team to provide advice and expedite early resolution concerns.
- Over 100 incidents were reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards. Key themes of these continue to be over-crowded Emergency Departments and wider system pressures resulting in high levels of escalation, lack of end-of-life care or ceilings of care planning and discharge delays.
- From September 2024, the Medical Examiner Service will become a statutory body and all non-coronial deaths and community deaths will be included in their reviews.

15. The Committee discussed measurement systems, data reporting and the maturity journey, the plan to incorporate population outcomes, in line with progress of the new clinical response model, and which will form part of the workshops to progress this in the coming period.
16. **The Putting Things Right Recovery Plan** linked to the recent Joint Investigation Framework Internal Audit, outlines 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.
17. Members received the **Patient Experience Community Involvement Bi-Annual Report** detailing 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. The level of ambition and commitment was recognised, drawing through focus on continuous improvement and the value of patient experience reporting.
18. The draft **Annual Quality Report 2023/24** was positively received ahead of presentation to the Trust Board for approval. A comprehensive appraisal 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 are predicted for the 2024/25 report. Members were complimentary of an excellent report, the cohesiveness across disciplines, the lived experience context and the framing of the report.



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19. Members received a presentation on the revision of the **Clinical Plan**, previously 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. The next steps include joint Directorate planning events to devise delivery mechanisms that ensure alignment across teams and formulating reporting routes.
20. The **Clinical Audit Plan and Action Tracker update for Q4 2023/24** was received with no escalations. 10 audits completed during the period. 39 out of 46 actions 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.
21. The Committee focused on the **clinical indicators on Fractured Neck of Femur (#NoF)** and the ability to manage pain, linked to the Internal Audit report on Medicines Management. 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 and 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 (Artificial Intelligence)). Whilst Committee received assurance there are challenges for clinicians using the tools to evidence the quality of care on ePCR (Electronic Patient Clinical Record) based on the Ambulance Quality Indicators (AQI), there is a need for clinicians to understand the importance of secondary uses of this data with our partners and how the public perceive it without the context provided today. There are innovation opportunities within the revised Digital Plan and education on data interpretation.
22. The Committee was presented with a suite of **internal audit reports**:
- Serious Adverse Incidents – Joint Investigation Framework
 - Electronic Patient Clinical Record: Clinical Compliance
 - Seatbelt Action Plan
23. An update was received on the **Audit tracker** with 76% of QuEST related internal audit actions (due in quarter) closed in quarter, with 33% of external audit actions closed this period. Several historical actions have been revisited with a view to closing these down or revising them acknowledging the passage of time.
24. Members received the **Committee Cycle of Business (CoB) and Monitoring Report** updated following the effectiveness review conducted in Q4. 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.

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



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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.

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 Q4 2023/24 | Staff story – Fiona Maclean, PECl and Julie Starling, Save a Life Cymru Patient Story update – Alison Cassidy | Putting Things Right Report Q4 and Putting Things Right Recovery Plan |
| Patient Experience Community Involvement Bi-Annual Report | Monthly Integrated Quality and Performance Report | Annual Quality Report 2023/24 |
| Clinical Plan update | Clinical Audit Plan and Action Tracker Q4 2023/24 | Spotlight on Clinical Indicators: Fractured Neck of Femur |
| Audit tracker and audit reports: <ul style="list-style-type: none"> Joint Investigation Framework EPCR Clinical Compliance Seatbelt Action Plan | Risk Management and Board Assurance Framework Report | Policies for approval: <ul style="list-style-type: none"> Consent to Examination and Treatment, Management of Controlled Drugs, Non-Medical Prescribing, Premises and Vehicle Cleaning, Clinical Supervision, Dispatch Cross Reference Table |
| Committee Cycle of Business and Monitoring Report | | |

| COMMITTEE ATTENDANCE | | | | |
|----------------------|------------------|----------------|------------------|------------------|
| NAME | 07 MAY 2024 | 13 AUGUST 2024 | 05 NOVEMBER 2024 | 04 FEBRUARY 2024 |
| Bethan Evans | | | | |
| Kevin Davies | | | | |
| Ceri Jackson | Chair | | | |
| Liam Williams | | | | |
| Andy Swinburn | | | | |
| Lee Brooks | Jonathan Edwards | | | |
| Rachel Marsh | Hugh Bennett | | | |
| Jonny Sammut | | | | |
| Trish Mills | Julie Boalch | | | |
| Mark Marsden | | | | |
| Hugh Parry | | | | |

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



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