

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 11 MAY 2023 VIA TEAMS

Meeting started at 13:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Andrew Clement	Partners in Healthcare, Resource Development Coordinator (left after item 015/23)
Stephen Clinton	Assistant Director of Operations
Lisa Harte	Internal Audit
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Jon Hopkins	Health Informatics Management
Fflur Jones	Audit Wales
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Jane Palin	Assistant Director of Quality and Nursing
Gareth Parry	Operations Assistant Community Support ((left after item 015/23)
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development
Andy Swinburn	Director of Paramedicine
Gareth Thomas	Patient Experience and Community Involvement Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing
Jennifer Wilson	National Volunteer Manager (left after item 015/23)

Apologies:

Lee Brooks
Cheryl Merrick
Hannah Rowan
Leanne Smith

Executive Director of Operations
Llais Wales (formerly Community Health Council)
Non Executive Director
Interim Director of Digital Services

013/23 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies had been received from Lee Brooks, Cheryl Merrick, Leanne Smith and Hannah Rowan.

Declarations of Interest

There were no further declarations of interest to those listed in the register.

Minutes

The Minutes of the meeting held on 9 February 2023 were confirmed as a correct record subject to amending the wording under Minute 11/23, bullet point 2 regarding WISH ambulance; it was agreed that Ceri Jackson would provide the amended wording.

Action Log

The action log and the AAA report from the last Quest meeting was considered:

Action 002/23: Operations update, future reports to include an update on the Intelligent Routing Platform pilot. Details contained in update, action closed.

Action 004/23a: Patient safety report, backlog of National Reportable Incidents; the Committee requested an update to be given at the next meeting. Verbal update provided with a further update to be given at the 10 August meeting. Action to remain open.

Action 005/23: Patient safety report, next report to contain details of how many Serious Case Incident Forums were linked to Immediate Release Directives being declined. Detail contained in report. Action closed.

Action 007/23a: Patient Experience and Community Involvement (PECI) highlight report; Consider how to re-frame the questions for patient surveys to improve services from the feedback given. Update include on action log. Action closed.

Action 008/23: Duty of Quality/Candour preparedness. It was asked that a risk be generated/articulated to consider the impact of implementation of non-compliance with the introduction the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ("the Act"). Action to be discussed alter in the agenda. Action closed.

Action 008/23a: Duty of Quality/Candour preparedness; clarity on the Implementation of the Quality strategy. An update was requested in respect of how this would be delivered in the next report. Item will be discussed later in the agenda. Action closed.

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 9 February 2023.

Comments:

Kevin Davies updated the Committee following the last Vice Chairs of Health Board's meeting in which it was acknowledged there was still issues with handover delays and the work of Health Boards to address this.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 9 February 2023 were confirmed as a correct record subject to the revised wording under Minute 11/23; and**
- (2) consideration was given to the Action Log and AAA report as described above.**

014/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022-23 Q4

Steve Clinton introduced the Operations Quarterly Report as read, conscious that some colleagues would have already had sight of it at other meetings. He drew attention to the following areas:

Intelligent Routing Platform (IRP). The IRP was an NHS England procured solution that automated some of the manual BT call handling processes for 999 calls. The Trust was now more comfortable with the level of call volume following changes to the IRP.

Hand over delays remained significantly high during this reporting period however there has been, over the last fortnight, an element of improvement in Health Boards across Wales. It was of particular note that Cardiff and Vale University Health Board had considerably improved their hand over delays.

Consult and close rates continue to improve edging towards a 15% rate for the month.

The roster review for clinicians on the Clinical Service Desk (CSD) has now been completed and should improve the situation in CSD.

Work was shortly to commence on the 111 Integrated Information Solution (AKA Salus), implementation, which was expected to be rolled out in November 2023.

Comments:

Whilst the Committee noted there had been some positive improvement with hand over delays in the Cardiff and Vale University Health Board area, it was pleasing to note there had been improvements elsewhere in Wales.

Members were encouraged by the update on the Salus programme recognising the situation had been, in the past, problematic.

The Committee expressed their delight with the rollout of Pentrox which was now able to be administered by volunteers.

In terms of the Manchester Arena Inquiry (MAI) an update was sought on progress against the recommendations from the inquiry. Ceri Jackson agreed to seek an update on the MAI following the meeting.

Also a query arose in terms of an update regarding rural response and the challenges faced by the Trust in meeting the Red performance target. In respect of the rural response, Rachel Marsh advised that work had been undertaken to consider the variation between rural and urban Red response, however this had been paused due to other ongoing system pressures. Following further discussion it was agreed that a deep dive on the Trust's Red response in rural areas would be provided at the next meeting through the MIQPR. Andy Swinburn added that the Trust has specifically targeted and bolstered some of the rural areas with the addition of Newly Qualified Paramedics (NQP).

RESOLVED: That the report was received.

015/23 STAFF EXPERIENCE

The Committee heard from Keith Jones who was a long-standing Community First Responder (CFR) at WAST and attended a patient at their home in November 2022. When Keith arrived he was met by the patient's partner who advised him that their partner had been lying on the sofa in the living room for about three weeks. The patient explained that he was finding it difficult to breathe and Keith gave him oxygen. Furthermore the patient advised Keith that they had tried to call the GP on several occasions and in the end through lack of response just gave up.

Keith continued to monitor the patient for over four hours awaiting an ambulance and during that time the patient went into cardiac arrest. Despite attempts to resuscitate him, the patient died.

Comments:

Leanne Hawker explained that following a patient survey, 33% of those that responded had found it difficult to book a GP appointment.

Members were moved by Keith's story and felt the distress in his voice when he was recalling the events of that day. They acknowledged the very important and key role CFR's played throughout the Community. Members were aware however that this

anguish would not have been experienced had the handover delays not been so extreme.

In terms of the coroner's report, it was queried if this had taken place and if there were any implications for the Trust. Wendy Herbert advised at this stage it was not known if a coroner's inquiry would be taking place.

Following a question regarding support for CFRs, Jennifer Wilson commented that the CFR team have supported Keith throughout and the CFRs end of shift form would capture any potential debrief requirements. Gareth Parry added that the CFR team would follow up on any support they need, any links with CFR champions, occupational health, or Trauma risk Management (TRiM) referrals. Jennifer Wilson added that all the benefits of employee assistance programme was also now being offered to CFRs.

A question arose seeking clarity on whether the role of the CFR had changed as a result of ongoing system pressures. Jennifer Wilson explained that whilst all CFRs have the same level of training they are able to select which type of call they want to respond to. Clearly the roll out of CFRs being able to administer pain relief will see further changes to the role going forward. She added that these and any further changes to the role should be discussed at People and Culture Committee (PCC) meetings. The Chair of PCC agreed this would be discussed at a date to be determined.

The Committee were updated by Duncan Robertson on the roll out of the ePCR for CFR's and how this would enhance their portfolio.

The Committee discussed in detail the issue of deploying a CFR when ambulance back up may not be readily available which this story had highlighted.

Liam Williams added that whilst the Trust played its part in emergency and urgent care it should also assist where it can with other partners across the health system in ensuring patients have access to primary care. He further commented that this particular patient from an overall NHS perspective was not supported at the time of identified need. This cascaded into a trajectory of deterioration which resulted in the CFR being left in that position. He reiterated the value of CFRs and how they have integrated successfully into the Trust, recognising their training continued to develop.

The Chair thanked the team involved and in particular to Keith for sharing this difficult story.

RESOLVED: That the STAFF story was noted recognising that the Trust continued to develop the CFR training.

016/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the latest Monthly Integrated Performance Report (MIQPR) and highlighted the following:

In terms of the 999 service, there had been an improvement in April recognising the work into improving performance had started to have an impact.

With regards to National Reportable Incidents (NRI). The Trust reported three NRIs to the delivery Unit in March, even though these were lower than February (12) they were still of concern.

In terms of patient harm, there had been a reduction in the number of times these required escalation to the highest levels of the Clinical Safety Plan (CSP)

Clinical Indicators, the Trust continued to work on the improvement actions in order to ensure the data being captured through the Electronic Patient Clinical record (ePCR) was accurate and complied with the various clinical bundles.

It was noted that response times to concerns continued to fall below the required performance level and work was underway implementing several measures to address this. The impact on the Putting Things Right (PTR) team and their ability to meet targets during this challenging period was recognised, and a brief update on the measures in place to address this was provided.

Hours Produced: The Trust produced 118,141 Ambulance Response ambulance unit hours in April 2023. Emergency ambulance unit hours production (UHP) was 98% in April 2023, thus achieving the 95% target. It was noted there was a 1% staff vacancy factor in EMS and when comparing this with other organisations in Wales it was quite remarkable and was a credit to all those involved in with recruitment and retention of staff.

Staff training and Personal Annual Development Review (PADR): PADR rates did not achieve the 85% target in March 2023 (72.1%), compliance for Statutory and Mandatory training also dropped significantly below the target achieving 73.69%. The reasons for this decline in Statutory & Mandatory training were being reviewed.

In respect of the funding for 100 Whole Time Equivalents, the Trust was expectant this would be forthcoming in the very near future.

Comments:

In terms of the new clinical outcome indicators for call to door time for strokes it was queried if these would be available in June. Duncan Robertson confirmed that the data was ready and would be reviewed by the Clinical Intelligence Assurance Group at which it would be decided how the data will be presented as an indicator.

Following the roll out of ePCR it was questioned if there had been any feedback. Duncan Robertson advised that ePCR had been rolled out across the Trust; staff were able to provide feedback through various channels, adding that any issues were resolved as soon as possible.

A discussion ensued in which Members considered any other measures to support the PTR Team, and also expressed their apprehension for the Team's welfare and the backlog of concerns. It was agreed that going forward, Trish Mills would consider with other colleagues how this issue could be addressed. Liam Williams outlined the challenges involved in improving performance. Wendy Herbert re-emphasised the difficulty in clearing the backlog which going forward would become more difficult due to the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Whilst there were some positive aspects within the report, the Chair commented that the challenges continued and the level of patient harm and the impact was substantial due to excessive amongst other things, handover delays. In terms of 111 call answering it was acknowledged there was a priority to re-roster the 111 team; and it was queried if there was a timeline for this. Rachel Marsh advised this was still being evaluated with the Chief Ambulance Services Commissioner, and advised that December 2023 was the proposed date.

RESOLVED: The Committee considered the March 2023 Integrated Quality and Performance report and remained concerned on performance, noting there were some improvements in some areas.

017/23 PATIENT SAFETY REPORT Q4 2022/23

Jane Palin gave an outline of the report and drew the Committee's attention to the following areas, noting that several areas of the report had been discussed in the previous item:

There was a decrease in the in the number of concerns being received but a backlog remained.

Patients waiting for extended periods of time in the community continued. During quarter four 1690 patients received a response or wait over 12 hours.

There continued to be a number of incidents being reviewed at the Serious Case Incident Forum (SCIF). During this reporting period there were 21 SCIF Meetings held, with 157 incidents discussed. 20 incidents have been reported as NRIs to the Delivery Unit (DU) and 66 incidents were referred under the Joint Incident Framework to the respective Health Board.

During the periods of industrial action, patient safety incidents were monitored with oversight from the Operational Delivery Unit and the Patient Safety Team. Additionally, recognising that there was reduced capacity for teams to report

incidents during these periods, the Patient Safety Team worked alongside colleagues in EMS Coordination to identify actual and potential patient safety incidents.

During the reporting period the Trust received two Regulation 28 (Prevention of Future Deaths) Reports and issued both responses within the 56-day target. Both were broadly related to timeliness.

There has been a significant ongoing increase in the number of clinical negligence claims (actual and potential) being received by the Trust, many of which originated from delayed responses to patients at a time of escalation. The number of open clinical claims being investigated and litigated was now at an unprecedented level in the Trust's history.

Comments:

Members were keen to ascertain the impact the Health and Social Care (Quality and Engagement) (Wales) Act 2020 had on the Trust thus far. Jane Palin explained there would be a 12 month settling in period and the Trust was very clear on the responsibilities of the Act and continued to prepare for it. Liam Williams added that one of the main impacts would be the increased volume of concerns and being able to manage them.

In terms of patients waiting for extended periods of time in the community, in particular the 166 patients who had waited over 12 hours having experienced a fall, assurance was sought whether further details on patients was captured. Liam Williams commented that the highest number of handover delays correlated directly with the longest waits for ambulances. Thematic analysis emanating from the SCIF process articulated lessons learned progressed through the Clinical Quality Governance Group. Further to those patients who had experienced a fall, the Chair queried if there was an opportunity to develop the falls model. Rachel Marsh explained that any further expansion of the falls service was subject to local discussion at each Health Board commenting that funding was currently not available. Jonathan Turnbull-Ross advised that work was ongoing to advise Health Boards on the positive impact of improving the falls service.

Further clarity was sought on the decision-making for derogations (a method of maintaining safe staffing levels on strike days by agreement, and are achieved when the Union and the employer agree that a member or service shall be exempt from taking part in industrial action) and whether this would be taken into account by the NHS Wales Executive (Delivery Unit) who were leading a national overview of patient safety incidents related to industrial action to understand the effect of strike action across NHS Wales. Liam Williams advised that where it had been identified industrial action has been a direct contributor to patient harm this has been shared with the Delivery Unit. Whilst the Trust can escalate concerns and highlight the risk, ultimately the derogations are negotiated between the employer and the Trade Unions. He added that the

learning for industrial action to date, will directly inform how future industrial action negotiations were conducted. Hugh Parry outlined the negotiation process and the challenges encountered during them.

The Chair commented on Patient Safety Investigations and the number of overdue NRI investigations querying why Cwm Taf Morgannwg University Health Board's figures were much higher than other Health Board areas. Liam Williams explained that some Health Boards had implemented the joint investigation framework earlier than others and it was agreed the Chair would seek this information after the meeting.

RESOLVED: That the report was received for discussion.

018/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT (BAF)

Trish Mills explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically risk 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 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).

The Committee were advised that detail of the actions of system partners remained in the BAF, however they were now included within a context box rather than within the 'actions' section. This will allow the Board and Committees to focus on scrutiny of the mitigating actions which the Trust was taking, whilst noting the context within which these risks remain at a score of 25.

Comments

The Committee welcomed the additional narrative in the commentary box which helped to contextualise the risks and found the guidance document on interpreting the BAF very useful.

Members sought to understand at which point, when the Trust has done everything in its gift to mitigate the risk, it no longer gives the risk a score of 25. Trish Mills explained that the context box explained the rationale of what was in the Trust's control.

Going forward, when the BAF matures further, there may be an opportunity to look at the risks differently. Liam Williams added that had the Trust reviewed the risk over the last two years, actions for the Trust and Health Boards may have evolved differently.

RESOLVED: The Committee accepted the status of the two corporate risks which it has been assigned to oversee the management of – risks 223, 224. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

019/23 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT

Leanne Hawker explained that the report provide assurances and, an update, on the work delivered by the Peci team on how it was supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change, and delivering services which met the differing needs of each of our communities we serve without prejudice or discrimination.

The main focus of the report was to highlight how the Trust was engaging with service users and to increase the number of patient experience returns. A significant amount of work has been carried out in preparation for using the Civica system to capture patient and staff feedback. Liam Williams advised that going forward this report would be presented on a six- monthly basis.

Comments:

The Committee welcomed that reports would be presented on a six-monthly basis and queried if this approach would be shared with Health Boards. Leanne Hawker explained that the Trust was part of the all-Wales patient experience group and shared information on a reciprocal basis.

RESOLVED: That

- (1) The Committee noted the activities to date and acknowledge that Peci reports will be presented bi-annually to Committee;**
- (2) That the Committee received the report and accepted the assurances that the Trust was meeting its statutory duties/responsibilities to consult; engage and involve the public/patients in its work.**

020/23 DUTY OF QUALITY/ DUTY OF CANDOUR PREPAREDNESS

Jonathan Turnbull-Ross reminded the Committee that The Health & Social Care (Quality and Engagement) Act 2020 came into force on 1 April 2023. This update outlines the implementation of the two aspects falling out of the Act, the Duty of Candour (DoC) and the Duty of Quality (DoQ).

The Trust's quality governance infrastructure was being reviewed, in relation to the new legislation, ensuring systems and processes within its governance structure assists in capturing and recording all strategic decisions to provide noticeable evidence that all strategic decisions and plans have been made through a quality lens.

In terms of informing and educating staff regarding the new legislation, tailor made pages have been created on the intranet. There will be further training and education through information resources which will be included as part of the Trust's 'Quality Hub' as outlined in the 2023/23 Integrated Medium Term Plan (IMTP) deliverables. This

will enable staff to learn further about quality impact assessments and how to access support.

Recruitment to a key leadership position 'Senior Quality Governance Lead' was in progress; while recruitment of the Senior Quality Lead role was due to be fulfilled by Summer 2023. These roles will provide additional strategic capacity, and local expertise and capabilities to support the Trust in delivering the DoC and DoQ.

Comments:

The Committee welcomed the update and felt more assured that sufficient preparedness was in place to deal with the new legislation.

It was queried whether there had been any joint preparedness between the Trust and Health Boards. Jonathan Turnbull-Ross explained there had been positive liaison with Health Boards which would continue through the coming months.

Liam Williams commented there was still further work to ensure that the Trust focused on capturing internal data through the Quality Performance Management Framework was consistent with NHS Wales wide reporting.

It was asked if there was completion date for the Quality Management Systems dashboard. Jonathan Turnbull-Ross explained that the digital infrastructure was in place to capture the appropriate metrics and that more clarity would follow after an upcoming workshop which would consider a possible go live date.

Members recognised and acknowledged the challenges and risks around the implementation of the Duty of Candour which were likely to further exacerbate the issues already being experienced by the Putting Things Right team.

RESOLVED: The Committee reviewed the report, considered the next steps and, supported the continued prioritisation of work to ensure appropriate levels of compliance in line with Welsh Government expectations from April 2023.

021/23 QUALITY STRATEGY IMPLEMENTATION PLAN

Jonathan Turnbull-Ross explained that the report outlined progress in developing the plan which was to support the realisation of the Quality Strategy 2021-24.

He added that progress against the implementation plan had been particularly challenged due to operational demands resulting from the pandemic, pandemic recovery, winter and more recently, industrial action.

He advised the Committee that implementation remained a priority for delivery over 2023/24, noting that several areas of the plan required investment in resources to achieve success.

He asked the Committee to consider the positive progress of the Trust's position against the Welsh Government road map for the Act implementation previously reported,

including exemplar content and ideas produced by Trust staff now being adopted at NHS Wales level.

Comments:

The Committee held a discussion which considered the role of the Patient Experience Community Involvement team in terms of integrating the Citizens of Wales' voice and engaging with people to ensure inclusivity. Liam Williams stressed the importance of ensuring the Trust was coordinating and sharing information reciprocally with the relevant clinical networks going forward.

The Committee queried if there was progress in terms of embedding the quality strategy across the Trust. Jonathan Turnbull- Ross explained there had been reasonable progress adding that the infrastructure to improve quality was developing satisfactorily.

RESOLVED: The Committee noted the progress against the implementation action plan.

022/23 QUALITY IMPACT ASSESSMENT GOVERNANCE

Liam Williams explained that the duty of quality required each organisation to provide palpable evidence that all strategic decisions and plans have been made through a quality lens for both clinical and non-clinical aspects. A key element of demonstrating this were Quality Impact Assessments (QIA).

The Trust has developed a QIA Framework and template, which was agreed at the Clinical Quality Governance Group (CQGG) in November 2022. The framework and template have been updated to reflect the new Health Care Standards 2023.

Roles and responsibilities were outlined in the Trust's QIA framework which identified governance and assurance processes for the development, accountability, and monitoring of QIAs.

The CQGG will provided the necessary scrutiny and governance to ensure that the appropriate QIA process was carried out for all new and existing Trust wide service redesign/transformation, projects and cost improvements.

Comments:

Members queried how QIAs would relate to the Trust's socio-economic duty and potentially any Equality Impact Assessments (EQIA). Liam Williams explained there was a requirement to keep QIAs separate from EQIAs and outlined the reasoning behind it. He added they were separate processes with separate expectations. Trish Mills added that the EQIA had been revised to merge different impact assessments and this will include information relating to socio-economic and well-being of future generations.

The Committee recognised that going forward it would provide an evidence base of the decisions being made.

Members sought assurance that the appropriate training would be provided to staff. Jonathan Turnbull-Ross gave assurance that the relevant instinctive and user friendly training would be given and widely available. Wendy Herbert informed Members that WAST had been acknowledged as the exemplar in the QIA process across Wales with Health Board colleagues taking an interest in WAST's progress.

RESOLVED: The report was noted.

023/23 CLINICAL AUDIT PLAN 2023/24

Andy Swinburn reminded the Committee that following an 'Audit Wales' review of WAST's Quality Governance Arrangements, one of the recommendations was for the Clinical Audit Plan to be submitted to QuEST for scrutiny and approval ahead of each financial year, and then monitored on a quarterly basis.

Duncan Robertson explained that the clinical audit plan had been scrutinised and monitored by the Clinical Intelligence & Assurance Group (CIAG), and the action plan noted at Clinical Directorate Business meetings. The Clinical Intelligence and Assurance Team (CIAT) continued to review and improve on the quality of the data available.

The clinical audit plan includes three main sections:

- a) Clinical audits that have been agreed by the CIAG to progress, considering the potential of the relevant ePCR data being available during the financial year.
- b) Suggested topics that need further development before progressing, e.g., specifying the requirements to be audited.
- c) Topics that require further consideration of their need, available data, and resources prior to inclusion in the plan.

He added that clinical audits may be linked into any themes arising from the concerns team and also for future audits to be linked in with other teams to present a wider range of audit activity going forward. Furthermore it was noted that this plan would be taken to the Audit Committee for assurance.

Comments:

The Committee welcomed the report and were pleased to see a more formal structured approach to clinical audits and looked forward to receiving any future feedback.

RESOLVED: The Clinical Audit Plan 2023/24 was approved.

024/23 UPDATE ON MORTALITY REVIEWS

Mike Jenkins informed the Committee that Welsh Government required all Health Boards and Trusts, including WAST, to undertake Mortality Reviews. In 2015 WAST Executive Medical Director supported the development of a Trust Mortality Review Group. The purpose of this group was to provide assurance that the care provided to

patients who suffered a cardiac arrest between point of contact (999 call) and arrival at hospital, was in line with resuscitation guidelines.

This method of undertaking mortality reviews identified the necessity to download Corpuls Records, this significantly increased the time taken to complete a review resulting in an increasing backlog of records awaiting a review. By January 2022 there were 740 mortality reviews waiting for review.

Following recommendations from the Delivery Unit, the Trust carried out a 10% review of the mortality review backlog. The date range of incidents reviewed were from May 2020 through to February 2022 (introduction of the electronic Patient Clinical Record). All incidents related to patients who had suffered a cardiac arrest in WAST care. Of the 74 cases reviewed several themes arose which included; poor documentation and Inappropriate Cardiopulmonary Resuscitation (CPR) due to the presence of Do Not Attempt CPR.

As part of the approach to mitigate the recommendations from the Delivery Unit, the Trust has introduced the role of Senior Paramedic (SP) with the aim of promoting clinical excellence. SP's accompanied Emergency Ambulance crew during their shift and fed back on several areas including quality of care, completions of documentation and airway logs. It has been noted that since the introduction of SP's the documentation quality has improved significantly.

Comments:

Members questioned if the sample of 10% was random or whether any criteria had been applied. Mike Jenkins commented it was purely a 10% random sample.

It was queried if any of the learning had already happened, i.e., was there a connection to Datix. As part of the mortality review, Mike Jenkins explained for the 10%, these were not Datix related; however, the Trust had already completed the learning process for staff if it was on Datix.

Liam Williams added that going forward with the introduction of SPs the Trust will have a richer understanding of any future deep dives on mortality reviews, and also more quality data can be captured from ePCRs. He further commented that having the SP's in place and the Cymru High Acuity Response (CHARU) paramedics was an excellent enabler to provide expertise to other staff.

RESOLVED: The Committee received the report and noted it for assurance.

025/23 COMMITTEE CYCLE OF BUSINESS

Trish Mills in updating the Committee advised that the cycle had been developed with direct correlation to the duties in the Committee's terms of reference. This allows the Committee to review the appropriateness of the proposed reports and their frequency.

The cycle for the Committee is a maturing document which will grow organically over the next 12 months.

The cycle of business will be used to build the quarterly Committee agenda. A monitoring report will also be provided to each meeting under the consent item, and where issues of escalation were required i.e., where cycle needs to be adjusted or reporting was overdue, these will be drawn out in a short paper by the Board Secretary.

RESOLVED: The Committee:

(1) Reviewed and approved the 2023-24 cycle of business; and

(2) Noted the cycle of business monitoring document.

026/23 INTERNAL AUDIT TRACKER UPDATE AND INTERNAL AUDITS

Trish Mills advised the Committee that the audit tracker was currently undergoing a full review and will be available for the next Audit Committee for scrutiny. In addition, Internal Audit were undertaking their annual review of the tracker.

The Committee recognised some audit recommendation had surpassed their revised date, however within the narrative there was an explanation to mitigate this.

In terms of the Audit Wales tab, those marked as overdue were either complete or close to completion.

Comments:

Liam Williams updated the Committee on the work being undertaken to respond to the recommendations as outlined in the Infection Prevention and Control audit. He added that a large focus of WAST was to consider the use of Personal Protective Equipment both now and for any future pandemic.

The Committee held a discussion in which they considered how to strengthen management responses to audits, especially in relation to the Immediate Release Directions audit in which a collaborative approach with Health Boards was required.

RESOLVED: The Committee noted the update.

027/23 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

- The supportive challenge had been relay useful.
- Always welcome the lived experience, especially the patient/staff stories.
- Assured by the update on the Duty of Candour/Quality.
- There has been an improvement in the report writing making them more streamlined.

Actions

- Deep dive on red calls in rural areas to be included Operations quarterly report.
- Further conversation to be taken offline regarding the changing role of CFR's and discussed at the People and Culture Committee going forward.

- Agreed that a meeting be coordinated with Quest and People and Culture Committee to discuss the situation regarding the challenges faced by the PTR team.
- PEGI reports would be received on a 6 monthly basis.
- Quality strategy, important to get the connections across our networks, right, and make sure that The Citizens' Voice is used to inform what we are doing. So part of the action is to make sure that we do capture that and we move forward implementing actions as necessary.

028/23 KEY MESSAGES FOR BOARD

Trish Mills will draft the update which will be presented to the Board via the Committee's AAA highlight report.

029/23 ANY OTHER BUSINESS

None.

Date of Next meeting: 10 August 2023

Meeting concluded at 17:25