GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru | Welsh Ambulance Services NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 8 FEBRUARY 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Louise Colson	Head of Infection Prevention and Control
Mark Harris	Assistant Director of Operations (Deputy for Lee Brooks)
Leanne Hawker	Head of Patient Experience and Community Involvement
Fflur Jones	Audit Wales, Performance Auditor (left after Minute11/24)
Alison Kelly	Business and Quality Manager
Osian Lloyd	Head of Internal Audit, NWSSP
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development (Left after Minute 16/24)
Leanne Smith	Assistant Director of Digital (Data) (Deputy for Jonny Sammut)
Andy Swinburn	Director of Paramedicine (Joined at Minute 05/24 and left after Minute 11/24)
Mark Thomas	Commissioning and Performance Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance (left after Minute 11/24)
Liam Williams	Executive Director of Quality and Nursing
Debbie Young	Executive Assistant to the Executive Director of Quality and Nursing

Apologies:

Lee Brooks	Executive Director of Operations
Ian James	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Jonny Sammut	Director of Digital Services

01/24 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Lee Brooks, Ian James, Rachel Marsh and Jonny Sammut.

Declarations of Interest

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

Minutes

The Minutes of the meeting held on 31 October 2023 were confirmed as a correct record.

Ratification of Chair's Action

The QuEST Committee ratified the Chair's Action made on 30 January 2024 to approve the Infection, Prevention and Control Policy (v.2.4) which was presented to the Committee for the formal record.

Action Log

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

Action Number: 50/23: Update on EMS CSD reconfiguration. Action to remain open, final paper will be shared with colleagues once ready.

Action Number 50/23a: NEPTS Eligibility matrix update. Mark Harris advised the Committee that no formal challenge had been received from Local Authorities or Welsh Government in respect of the changes made. There may be occasions when the Trust was unable to offer transport to those patients who were ineligible but would try their utmost to arrange it, however all eligible patients who required transport would receive it. Action Closed.

Action Number 51/23: It was highlighted that the Operational Delivery Unit have informed the Stroke Association that they are conducting an Audit on self-presentation to A&E. Liam Williams agreed this would be reported through to Quest if there was a material consideration. Liam Williams was engaging with Ceri Jackson to obtain further information on Lead within Operational Delivery Unit. Action Closed.

Action Number 52/23: In terms of the longest waiting patient (39 hours and 59 Minutes) it was requested that context be provided. The context was included in the Quarter 3 Putting Things Right report. Action Closed.

Action Number 54/23: Clarity on utilisation rates of Cymru High Acuity Response Unit (CHARU) activated at call centres. Work continues to define this action. It is recognised that CHARU dispatch requires further development to ensure an appropriate balance between clinical performance/ clinical outcomes/ response time performance and old despatching multi-resources when clinically appropriate. To this end, the CHARU Task and Finish Group will now be converted in a CHARU Delivery Group which will work with several teams across the organisation to continue to hone the delivery of the CHARU service. Action Closed.

Committee AAA report dated 31 October 2023

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 31 October 2023.

RESOLVED: That

(1) Apologies were recorded for Lee Brooks, Ian James, Rachel Marsh and Jonny Sammut;

(2) The Minutes of the Open meeting held on 31 October 2023 were confirmed as a correct record;

(3) The Committee ratified the decision made by Chair's Action dated 30 January 2024 to approve the Infection Control Policy v.24; and

(4) Consideration was given to the Action Log and the AAA report as described above.

02/24 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2023/24 Q3

Mark Harris introduced the Operations Quarterly Report as read, and drew attention to the following pertinent elements within it:

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for 6 months, and a mid-year review was completed in December. An update on the 68 recommendations that the Trust was working on was given. One of the recommendations from the MAI is the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within the Trust with the UK Ambulance Services go-live date set for 1 April 2024.

The outstanding tasks sitting with the Operations Quality (OQ) Concerns Team is at 168. This is down from 209 in Q2. The OQ Team continues to work closely with the Putting Things Right (PTR) Team to prioritise work to meet deadlines and requests.

In terms of NEPTS, the team has reviewed the current Capacity Management Plan, which sets out how the service applies the Welsh Government WHC 2007(005) eligibility criteria for non-emergency transport and the process for managing scenarios where demand for transport exceeds available capacity. The revised plan, which has been through an Equality Impact Assessment (EQIA) and Quality Impact Assessment (QIA) process, modifies the approach to a position where the service will only take bookings from patients that meet the criteria as per the Welsh Health Circular. Patients who do not meet the eligibility criteria will not be entitled to Non-Emergency Patient Transport and will be signposted to alternative transport solutions only. This plan has been shared with the Chief Ambulance Services Commissioner (CASC) and supported at the Delivery Assurance Group (DAG) meeting.

The 111 Operations Team have deployed an action plan designed to improve Welsh call answer performance, specifically the percentage of callers answered in Welsh where this is their chosen language. Performance has been consistently improving and throughout Q3 has remained stable.

Comments:

Members were keen to understand if there had been any business continuity incidents (BCI) for 111 in the last 12 months. Mark Harris was not aware of any however agreed to confirm the position and report back to the Committee. He added there were a number of different scenarios that would trigger a BCI, and in terms of 111, there may be times when it is out of the Trust's control; for example, the issue with the Adastra system which was a Health Board system issue which occurred in 2022.

With respect to the Joint Emergency Services Interoperability Programme (JESIP) assurance visit noted in the report, the Committee asked what the position was with the report reference. Mark Harris advised that he would ascertain if there were any further details in respect of the visit and report back to the Committee.

RESOLVED: That the report was received.

03/24 PATIENT STORY

Liam Williams introduced the patient story in relation to Alison Cassidy and what has been a challenging family life for both mother and daughter. Whilst the Trust's response was compliant and in line with policies and procedures, it might not have been as sensitive or supportive as desired given the personal nature of the circumstances.

Leanne Hawker provided assurance to the Committee that the Trust was collaborating with colleagues at the Betsi Cadwaladr University Health Board (BCUHB) to extract

shared insights and plans of action from this story. Additionally, the story was being shared with BCUHB and any decisions regarding the next steps will be made collaboratively.

Alison Cassidy recounted the experience of her daughter Emma, who has a rare genetic disorder, Angelman Syndrome. Most people with this syndrome will have limited speech and will need support throughout their life and have severe learning disabilities and epilepsy.

In August 2021 Emma needed urgent dental care which required her to attend Ysbyty Glan Clwyd Hospital for treatment under general anesthetic and was advised by Health Care Professionals in the Health Board to access the Non-Emergency Patient Transport Service (NEPTS) to take Emma to her appointment (as she was unable to be transported safely due to seizure risk being elevated by the dental pain). NEPTS advised that at least 24 hours' notice was needed, and Alison was advised to ring 999; however, due to system pressures at that time a 999 response was unavailable. A further six 999 calls were made during the next 24 hours in an attempt to secure an emergency ambulance response.

After 28 hours Emma was sedated by Learning Disability Liaison nurses in the garden at her home, supervised by two North Wales Police officers, who arranged a taxi to take Emma with her siblings to hospital.

In Emma's escalating distress, she began exhibiting self-harming behaviour, this triggered an "attempted suicide" script from the Clinical Contact Centre call-taker. Alison believes it was entirely inappropriate and indicative of how the Advanced Medical Priority Dispatch System (AMPDS) scripts do not have capacity to effectively assess people with learning disabilities.

Comment:

Leanne Hawker advised that this story has been shared with BCUHB colleagues who identified the need for further education on staff protocols for ordering ambulances and their appropriate utilisation. They are eager to engage with Alison Cassidy to discuss her experience and collaborate on enhancing existing initiatives for individuals with specific needs. A patient story tracker specific to this case will be presented at the May 2024 Quest Committee meeting to ensure ongoing monitoring and improvement.

The Committee agreed there was learning required across the Health Board, but also within the ambulance service. Whilst the AMPDS was a robust system there were occasions when it did not work for every patient, and situations like this need to be challenged going forward.

Liam Williams explained that under most circumstances the Clinical Support Desk (CSD) clinicians would normally be reviewing the call stack would be able to intervene directly. It is not necessarily clear from the Story that this was a period of high demand and the Trust faced challenges in responding to Amber calls.

Due to a lack of available resources the CSD was under considerable pressure, meaning that focus would be on Red calls in addition to reducing the number of Ambers. The challenge was to ensure that people with long term complex needs have the appropriate care plan escalations in place; with these plans documented and digitally accessible across the system given to the patients and their carers. Furthermore, the CSD must be informed of these plans on a case-by-case basis. The Committee noted that since this incident recruitment into the CSD had increased and were interested to see if improvements will be made going forward.

Liam Wiliams added that Digital Health and Care Wales (DHCW) were working on increasing accessibility for flagged patients allowing clinicians in CSD to access this through the Welsh clinical portal to indent where a flag exists. Using this portal clinicians can inform the correct response. Leanne Hawker added that the Trust does have a flagging policy and has recently completed a consultation with the public for people with learning disabilities and learning difficulties around the priorities for the Trust with regards to quality improvement. Overwhelmingly the feedback was that a system where they can be assured that the Trust was using flags against individual patients (as currently the system flags addresses), was desired.

The Committee recognised that joint working would include that the relevant care plan was in place. Health Boards will be accountable to ensure the equity of access to services for an individual with complex healthcare needs.

Mark Harris added that whilst NEPTS was a planned routine service there was some flexibility in the system. He welcomed the ongoing work particularly with BCUHB to try and prevent similar incidents occurring in the future. Liam Williams added that the Trust's priortisation system was built for a response model which has timelines far more than what can be achieved. It is acknowledged that a cohort priortisation system is not designed to and does not meet the needs of some people. The system was designed for a whole system response in a timely manner and was not a priortisation system for long term care. He added that the collaborative work highlighted by Leanne Hawker was critical going forward.

Members held a discussion in which they acknowledged it was an overall system issue and that services should be working hard to ensure this does not happen again. In this particular case the Trust was unable to meet Emma's needs. The Committee also asked that going forward, progress with patient stories (patient story diagram) be included as a substantive item on agendas.

The Committee recognised that whilst the video was being shared at the Health Board it was felt that wider distribution to staff would be of great benefit. Liam Williams explained that when the service was under considerable pressure the Trust and other partners will always want to do better.

Leanne Hawker emphasised the extensive sharing and dissemination of patient stories across various platforms and stakeholders in Wales, including through networks, forums, podcasts, and organisational channels. This also included the development of

a national repository for patient stories to enable wider access and the ability to learn lessons.

The Chair expressed gratitude to Liam Wiliams and Leanne Hawker for bringing this story to the Committee's attention. Sharing the story with BCUHB and collaborating on implementing actions was crucial in preventing similar incidents. The comment made by Alison about the system not working for everyone, especially for those with complex needs, was very prominent to the Committee. The Trust must take control and improve itself, focusing on what it can control and collaborating with partners to do the same. The Chair stated that the system wide pressures and risks are readily discussed at every Committee meeting. There must be a commitment to learning from these experiences to ensure prompt support for individuals with complex needs in the future.

RESOLVED: The Committee noted the update.

04/24 PUTTING THINGS RIGHT (PTR) REPORT QUARTER 3, OCTOBER – DECEMBER 2023

Liam Williams presented the report to the Committee focusing on the specific points below for their attention which should be taken into context against the backdrop of ongoing pressures and challenges within the system being experienced:

1. There continues to be a high volume of incidents being reviewed at the Serious Case Incident Forum (SCIF).

2. The PTR Organisational Change Process has concluded and recruitment to posts is in progress. The new structure is expected to be fully established by April 2024.

3. There continues to be progress in the two and five day acknowledgement in respect of concerns; however, the acknowledgement of the 30 days responses remains a challenge to meet.

Patient waiting times in the community continue to impact on patient safety and during December 2022, 1.180 patients waited over 12 hours. During this period 231 of the patients waiting over 12 hours had experienced a fall, with the longest waiting patient being 45 hours and 04 minutes. A review of this case has been requested following an initial screen of the sequence of events. Liam Wiliams planned to conduct roundtable discussions with colleagues across the Trust to explore additional improvements in this area. Liam Williams also raised the question of whether there were additional measures that could be implemented through the clinical support desk for patients who had fallen and been assessed, and to explore alternatives to help alleviate system pressures.

Six incidents have been reported as National Reportable Incidents (NRIs) to the NHS Wales Executive and included clinical practice issues, delayed diagnosis and patient injury whilst being conveyed. The Trust currently has a total of 59 open NRI investigations with 56 of them overdue.

The Duty of Quality (DoQ) and Duty of Candour (DoC) Welsh Government Roadmap is updated monthly with oversight from the Clinical and Quality Governance Group. Progress in respect of DoC is also monitored locally through the PTR Work Plan.

Following the detailed update to the Committee at the last meeting on Learning from Deaths (Mortality reviews and the Medical Examiner Service) a plan is in place to fully review the backlog of cases (800 cases) forwarded by the Medical Examiner Service, map the cases to incidents and complaints as relevant, and update the Datix Cymru Mortality Module.

All referrals have been screened on receipt by a member of the Patient Safety Team and escalated as required. Following collaboration with various teams within the Trust there has been an improvement in clearing the backlog.

During the reporting period the Trust received one Prevention of Future Deaths Report (Regulation 28) from a Coroner in South Wales Central. The Report was also sent to the Chief Executive of Cardiff & Vale University Health Board and the Minister for Health & Social Services.

Between 1 October 2022 and 30 September 2023, 1055 concerns were received by the Trust. During the same period 50 approaches were made to the Public Services Ombudsman for Wales (PSOW). This equates to less than 4% of Trust concerns being escalated to the PSOW.

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 stem from delayed responses to patients at a time of escalation.

Comments:

It was observed that the data captured for those patients waiting for a response after a fall varied across Wales. The Committee acknowledged that ensuring a representative boundary for data capture was crucial for accurate analysis.

Following a query regarding the public service ombudsman work in terms of collecting data across the system regarding investigations which was clearly very pertinent to patient outcomes, Members sought an update and any timelines. Liam Williams advised that the Trust's aspiration was to look at these cases beyond the ambulance/hospital interface.

Liam Williams added that that future PTR reports will include presentation of the data from a population point of view per Health Board area, as opposed to simply by Health Board - to put the numbers in context across Health Board. The Trust was also working with colleagues to have a better understanding of how we can present this more clearly.

The Committee recognised there had been issues with Residential and Nursing Homes; and queried if the Trust could do more, particularly around remote and/or video assessment of patients. Especially in cases where patients are lying on the floor for a lengthy period to await a paramedic to make the assessment. Jonathan Turnbull-Ross advised that the Trust continues to consider more and more remote consultation but would require the appropriate infrastructure, investment and resource going forward to develop it. In terms of falls cases, he added that work was ongoing to ascertain the correct model and the scale of resource required.

Members discussed what initiatives could be done to support Care Homes more widely going forward and were very supportive.

In terms of clinical reviews, and particularly the concern raised by a patient regarding the attitude of a crew member, the Committee sought whether the Trust had an update on any learning from this. Liam Williams acknowledged there was more work to do in terms of the guidance regarding compassion moving forward.

RESOLVED: The Quality, Patient Experience & Safety Committee received the report for discussion and were satisfied with the assurance given regarding the Trust's Putting Things Right function.

05/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – DECEMBER 2023

Mark Thomas presented the report and highlighted the following areas for the Committee's attention:

999 call answering times achieved the 6 second answering target during the early part of 2023; however, in the second half of the year the 95th percentile began to worsen. In November 2023 it was 18 seconds, with an improvement to 12 seconds in December 2023. The 65th percentile and median performance remain very good.

111 call answering decreased, as expected over the holiday period, with the call abandonment target of <5% not being achieved in December 2023 for the first time in seven months (13.1%).

111 Clinical response saw the highest priority 111 calls (P1CT) remain stable and above target at 98.3%. Priority 2 and Priority 3 fell further below the 90% performance target in December 2023, with the respective figures being 63.2% and 62.3%.

Red 8-minute performance was 48.9% (target 65%) in December 2023 and Amber 1 median one hour and 36 minutes. Clearly, these levels of performance remain concerning, but they are a material improvement on the levels seen in December 2022 of 39.5% and three hours and 30 minutes respectively. The actual number of Red incidents responded to in 8 minutes has improved throughout the year.

One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 22,756 hours were lost during December 2023, which is a material improvement on the 32,098 hours lost in December 2022.

Ambulance Care (formally NEPTS) (Patient Experience): Oncology performance dropped below the 70% target in December 2023 to 68.16%. Renal performance increased in December 2023, and remained above target at 74.08%. Advanced discharge & transfer journey booked in advance performance decreased compared to the previous month to 78%; remaining below the 95% target. Overall demand for NEPTS continues to increase, but remains below pre-pandemic levels.

The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 75.3% in December 2023, a slight decrease from the 77.9% seen in November 2023, and remaining below the 95% performance target.

The return to spontaneous circulation (ROSC) compliance rate decreased to 17.6% in December compared to 22.2% in November 2023.

National Reportable Incidents (NRIs) / Concerns Response: the Trust reported one NRI to the NHS Executive in December 2023, a slight decrease from the three reported in November 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide.

In December 2023 complaint response times increased to 58%, a significant improvement on November 2023's 38%, but remains below the 75% target, with cases remaining complex.

The Trust produced 123,727 Ambulance Response unit hours in December 2023, an increase from the 121,349 produced in November 2023.

Good progress has been made through the year in increasing Consult and Close rates after 999 calls; and the Trust achieved 14.1% in December 2023, a slight increase from the 14% seen in November 2023, but below the Trust's 2023/24 IMTP ambition of 17%.

The indicators used highlighted that even though demand, and subsequently, system pressures increased during December 2023, performance remained relatively stable, across all areas, and significantly exceeded the levels achieved during December 2022.

Comments:

It was noted by the Committee there had been significant improvement in performance in some areas since December 2022; however, current performance in some areas was still below target.

In terms of the issues in meeting the targets regarding staff sickness and Personal Appraisal Development Reviews (PADRs), it was agreed this would be discussed at the next People and Culture Committee (PCC). The Chair of the PCC, Paul Hollard, agreed that the Committee would consider the action plan for reducing sickness and would look at the areas where PADR rates were low.

In respect of the presentation of the MIQPR and the phrase '*holding in the community*' particularly around immediate release, it was suggested that it could be prudent for the Trust to re-consider the use of language to ensure transparency of this term.

The Committee acknowledged that around 9900 patients cancelled their ambulance and that we were unable to respond to 793 calls. From a presentation perspective it was queried whether the placement of this data under 'Partnership & System Contribution' was correct. It was agreed that Mark Thomas would feed this back to his Directorate for clarification.

In terms of Immediate Release Directives, the Committee sought clarity at what level such Directives are made. Andy Swinburn explained that the request was made from the Operational Delivery Unit who would ask the nurse in charge of the department.

In respect of those patients that were delayed at handover, it was queried if it was possible to identify what type of cases they were. Andy Swinburn advised that the majority were likely to be frail older people who had a mixture of presentations. Liam Wiliams advised there was further work required in terms of clinical audits for the Trust to understand further the presentation and the clinical decision making that inform the decision to convey. Prior to conveyance, the ambulance crew will consider the presentation of the patient, their existing identified clinical need, and any potential clinical need. It was important that the Trust should build the clinical pathway in collaboration with Health Boards to understand what could be done differently.

Liam Williams assured the Committee that the Executive Leadership Team were well sighted on the pending political changes that may affect the Trust going forward.

RESOLVED: The Committee received the Monthly Integrated Quality and Performance report for December 2023 and actions being taken and determined that the report provided sufficient assurance

06/24 INTEGRATED MEDIUM TERM PLAN (IMTP) – QUEST COMMITTEE ELEMENTS

Trish Mills gave a verbal update in which she advised at this stage there was no written update due to the IMTP development timeline, but that the Board would have an opportunity to review the document so far as its Development Day on 22 February 2024. Going forward this item will need to be considered in the terms of the Committee's cycle of business.

RESOLVED: The Committee noted the update.

07/24 QUALITY STRATEGY IMPLEMENTATION PLAN UPDATE

Jonathan Turnbull-Ross presented the report and updated the Committee on the following points:

Following the internal Organuisational Change Process (OCP), the Senior Quality Leads have been appointed and took post as of September 2023. An Engagement Plan has been developed with delivery continuing in Quarter 4. This will ensure regular engagement with clinical, operational, and corporate functions to support quality improvement and provide specialist advice.

The first stage of development for the quality hub is due to be completed by the end of December 2023 with a proposed launch in early 2024. The first phase will focus on the Welsh Ambulance Services NHS Trust Improvement and Innovation Network (WIIN) portal and tracking of improvement data across Wales. The second stage will focus on development of training, information, and resources.

Careful consideration has been taken with the Operations Directorate in assessing the alignment of operational governance structures. Continued collaborative working through the two Directorates has allowed the Quality Management Group (QMG) to establish a growingly effective forum, embedding patient safety and learning into this agenda with a revised TOR tabled for CQGG on 24 January 2024.

Engagement with communities has continued with recruitment of citizens into the Trust's people and community network, and as previously reported this will be a continuous exercise to ensure appropriate representation.

Comments:

Members noted the ongoing work in engaging with communities especially with the Citizen's Voice and the challenges in managing their expectations; and it will be interesting to understand how this develops.

The Committee asked that for the next update it would be useful have some timelines, in respect of the actions being undertaken, particularly in the red areas.

The Committee were keen to understand how the Senior Quality Lead was settling into their roles. Jonathan Turnbull-Ross assured the Committee they were settling in well, however the Trust still required further resource to ensure the full effectiveness of implementing the strategy.

Members queried if the Duty of Quality report for 2024 would be presented in a consistent format across all Health Boards. Jonathan Turnbull-Ross commented that following guidance, that was the intention going forward, however there may be slight nuances with every Health Board.

The Committee sought an update on any future engagement events following the implementation of the strategy. There has been some extensive engagement already and agreed to update the Committee on future timelines. Liam Williams updated the Committee on the work in terms of how the Trust was engaging at Health Board level. He added that he was keen for the Trust to have an approach that aligned quality improvement and quality and safety into a single operating environment with a defined set of metrics.

Members thanked all those involved in the progress they had made despite the ongoing challenges.

RESOLVED: The Quality, Patient Experience & Safety Committee noted the progress against the Implementation Action Plan.

08/24 SPOTLIGHT ON CLINICAL INDICATORS (CI) - STROKE

Duncan Robertson gave the Committee a PowerPoint presentation which outlined the following details:

An ePCR technical specification was created to enable reporting and since the implementation of ePCR all Clinical Indicators (Cis) are reported on using 'raw' data inputted by clinicians (*no manual auditing prior to reporting*)

Due to staff being unfamiliar with a new system, a reduction in CI compliance was anticipated (as in other UK Trusts), risk 535 (monitored by CIAG) was created to highlight three elements: User behaviour, User interface and Scripting.

A Clinical Indicator dashboard has been developed to include Stroke (*Version 2 released December 2023 includes time-based metrics*). A deep dive audit had been conducted by the Clinical Intelligence and Assurance Team to:

- Provide a more accurate clinical picture of the care delivered
- Highlight the variation between automated and audited data
- Help inform future reporting and caveats
- Help inform an improvement plan and changes to the ePCR User Interface

By and large through March of 2023 the Trust performed better than it did in March 2022, in terms of getting the resource to the to the patient. There have been several improvements to date following the ePCR Clinical Data Assurance clinical audit which included:

- A more accurate clinical picture of the care delivered is provided
- The variation between automated and audited data is highlighted
- It has helped to inform future reporting and caveats and inform an improvement plan and changes to the ePCR User Interface

The User Interface changes were being implemented in December 2023 and the

improvement plan was progressing with further engagement and support from Senior Paramedics for ePCR completion and CI compliance. Furthermore, the development of a revised CI 'Jigsaw Poster' following requests from staff to use as an *aide memoire*.

Future Changes to Stroke Call Timing:

In line with most UK ambulance services, the Trust prioritises MPDS protocol 28 (Stroke) calls, in accordance with the timing of symptom onset ('t' value)
Currently the 't' value priority assigned to Strokes is:
Onset of symptoms < 5 hours or unknown time = amber-1 priority
Onset of symptoms > 5 hours = amber-2 priority

Recent discussions with senior clinicians from the Wales Stroke Network have indicated that:
New treatment opportunities exist for patients who have Stroke symptoms with an unknown onset time (often known as a 'wake up' Stroke)
The time window for specific therapy is now much greater – up to 12 hours.
The Trust is now working to support the clinical recommendation to change the 't' value in protocols 28 and 18, from five hours to ten hours. A paper is to be submitted to the Executive Leadership Team (ELT) in January 2024.

Comments:

The Committee welcomed the presentation and recorded a note of thanks for those involved in its production, notably Kevin Webb. The Committee expressed their concern about potential variations in access to treatment across Health Boards, especially with the extended therapeutic window switching from five hours to ten hours. Data collection will be crucial for providing feedback and addressing any disparities in access to treatment within this context.

Duncan Robertson commented that Patients who wake up with stroke symptoms but with a very narrow therapeutic window are missing opportunities. It may be that they had their stroke an hour before they woke up or 10 minutes before they woke up and are being disadvantaged through this approach. There has been a lot of work done in the background in terms of modelling the numbers through this as well and working with colleagues within Operations in relation to making sure they're not being inundated with a lot of what might be false positives in terms of stroke. The other piece of work involves the Clinical Prioritisation Assessment Software (CPAS) team who look after the tables that indicate how the Trust responds to each of the codes that it goes to. There was also some work involved moving amber one into amber two calls so from an organisational perspective it is not increasing the number of amber one calls because of the strokes but what that does mean is there is space there for the additional amber one stroke coding to go through that way and doesn't have any additional burden.

Andy Swinburn explained in terms of the CI there was only one element that fundamentally contributes to the outcome of the patient and that was recognising that the person is having a stroke through a Face, Arms, Speech, Time(FAST) test. While

assessing blood pressure and using the Glasgow Coma Scale were important and useful, they don't directly alter patient outcomes. Instead, factors like pre alerts, shorter time on scene and call to door time are more impactful in improving patient outcomes.

Following further discussion, it was noted that a deep dive audit was scheduled to be conducted on the Stroke CI, and once this had completed the Committee would be updated.

The Committee were keen to understand more detail around when the FAST assessment was completed, unless there was a justified exception and how is the justified exception being documented and then evaluated. Duncan Robertson explained this was being updated with the user interface changes in ePCR, as some of the justified exceptions were not as clear as they were with the documentation to support the digital pen and paper-based Patient Clinical Record (PCR)s. Every CI has its own separate section on the ePCR, and these sections have been streamlined so that the indications for doing something are included and what they've done and if medication is involved this can be updated accordingly.

Liam Williams added it was important to note that the changes that are being made were made by the stroke network on behalf of Wales.

RESOLVED: The Committee noted the PowerPoint update for the Stroke Clinical Indicator.

09/24 HEALTHCARE INSPECTORATE WALES (HIW) NATIONAL REVIEW OF PATIENT FLOW – A JOURNEY THROUGH THE STROKE PATHWAY (AND TRUST ACTIONS) & IMPROVEMENT PLAN

Andy Swinburn presented the report advising the Committee that a review from Health Care Inspectorate Wales (HIW) had identified 50 recommendations to improve patient flow for patients who have suffered a stroke in Wales.

Of the 50 recommendations, seven were specific to the Trust, with the remaining recommendations sitting with other healthcare services such as the Health Boards and Public Health Wales.

The Trust has devised management actions in response to the review recommendations and these alongside actions for Health Boards and Public Health Wales have been included in the Patient Flow Review Improvement Plan. A copy of the Trust's management actions has also been lifted to the Trust's audit tracker to hold Directorates to account and to monitor progress the actions relevant to the Trust.

Comments:

In terms of the Immediate Release Directives protocol and how the process worked in Emergency Departments, it was asked whether this was being reviewed and whether it

would be appropriate for the Committee to have sight of this work. Andy Swinburn explained that this was not within the Trust's control.

As part of addressing the actions the Committee asked whether the increase of Advanced Paramedic Practitioners (APP) played an important part. Andy Swinburn explained the ultimate goal was to create the capacity to reduce the usage of ambulances to ensure there was always one available to respond to patient who present as a stroke.

2022/23HIW Annual Report

Liam Williams presented the report as read and highlighted the key areas as follows:

Outlined the work undertaken by HIW in relation to the Stroke pathway.

The work carried forward from 2021/22 and into 2022/23 in relation to systems pressures and understanding the pathway issues for offering care, particularly around handover delays and the consequences this had on the Trust's ability to provide care.

Safeguarding, the Committee had previously received the annual report which set out all the work the Trust had undertaken to highlight safeguarding as a critical part of practice.

Comments:

The Chair advised there had been an increase in the number of safeguarding alerts raised in the Trust, whilst the report states a significant drop, Liam Williams explained that some of the alerts are coded to the Health Boards and were picked up at Local Authority level. He agreed to clarify this point and update the Committee.

RESOLVED: The Committee

(1) Received the 'HIW National Review of Patient Flow (a journey through the Stroke pathway)' report and were assured that the improvement plan actions relevant to the Trust were being progressed accordingly; and

(2) Noted the 2022/23 HIW Annual Report.

10/24 CLINICAL AUDIT PLAN AND ACTION TRACKER QUARTER 3 UPDATE AND CLINICAL AUDIT PLAN Q1 2024/25

Duncan Robertson presented the report highlighting for the Committee's attention:

During Q3 2023-24, a further four of the 15 clinical audits included in the Clinical Audit Plan for 2023-24 have been completed. These audits and associated action plans have been approved by the Clinical Intelligence & Assurance Group. The audits that have been completed are:

- ePCR Clinical Data Assurance – $EtCO_2$ Compliance
- Non-conveyance form images in ePCR
- ROLE form images in ePCR
- Levetiracetam (Keppra) Potential use in convulsions

Since the last update (October 2023), a further 16 actions have been completed that were aligned to eight of the audits.

Clinical Audit Plan Q1 2024/25

The plan was presented by Duncan Roberston who advised that its development had been in consultation with eh Clinical Intelligence and Assurance Team (CIAT).

The development of this Annual Plan takes into consideration several aspects including the resources available both in terms of funding and skills.

This plan and the subsequent action tracker to monitor learning from each of the audits is monitored by the Clinical Intelligence & Assurance Group (CIAG), and an update noted at Clinical Directorate Business meetings.

Comments:

The Committee welcomed the reports, noting the good progress and recorded a note of thanks for those involved in its production, notably Kevin Webb.

It was also noted that the Chair of the Committee would prepare a report to advise the Audit Committee that the Quest Committee had received the plan, in accordance with the Audit Committee's Terms of Reference.

RESOLVED: The Committee

(1) Noted the Q3 2023-24 Clinical Audit Pan and Action Tracker Update; and

(2) Approved the Clinical Audit Plan Q1 2024/25 as set out with the caveat that additional items may be added as the year progressed.

11/24 MEDICINES MANAGEMENT ASSURANCE REPORT FOR 2023

Duncan Robertson presented the report adding it was the first time a Medicines Management Annual Report had been provided. Areas within the report included the following:

Vehicle medicines Audit
Omnicell Monthly Cycle Count
Unresolved Controlled Drug Discrepancies on the Omnicell System
Patient Group Directions (PGD) – Evidence of Signed Authorisations
Expired PGDs
Abloy (controlled drug key) System

Notification Alerts
Controlled Drug Quarterly Occurrence Reports
Medication Errors

The report had identified that in terms of any controlled drug discrepancies within the Omnicell system, this had improved with less discrepancies being reported.

The Committee were given assurance that additional work was ongoing with the Patient Group Directions as directed via an Internal Audit report.

Medication Errors were currently based in table form and was based on reports received from Datix administrators; the Trust was looking to expand and include more information.

Comments:

The Committee noted that a plan was being worked on to expand capacity and resource within the Medicines Management Team.

Members recognised this report had been subject to an Internal Audit and the progress has been significant and positive, demonstrating the actions being taken.

Members discussed whether this report should be appended to the Committee Highlight report being presented to the Board next month. It was agreed that the report should be presented in the Closed session of the Board.

RESOLVED: The Committee:

(1) Agreed that future reports for QuEST are synchronised to be delivered following closure of a financial year, therefore next report to be delivered at the May 2025 meeting covering the 2024/25 financial year; and

(2) Noted and discussed the content of the appended report as required.

12/24 COMMITTEE ANNUAL EFFECTIVENESS REVIEW 2023/24

Trish Mills explained that the Annual Effectiveness Reviews are designed to evaluate the effectiveness of the Board and its Committees, review its operating arrangements, and propose changes to improve its support, challenge, scrutiny, and oversight responsibilities.

Questionnaires were sent to members and attendees provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with eight responses being returned (a 50% return rate which was slightly higher than 2022/23).

It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to any new issues it may be adopting in its terms of reference; focus on areas it may not have addressed as strongly last year or which are developing; or review of the Committee's risks, both operational and strategic.

It was noted that due to operational pressures, this has sometimes meant that information was presented at different times. However, the cycle of business and monitoring report presented at each meeting indicates the reasons for this.

The Committee noted from the Annual Report the significant amount and varied issues of business discussed during the year. There were several proposed minor changes to the Committee's terms of reference. The main change was moving the Information Governance, and the Information Security sections over to the Finance and Performance Committee.

In terms of membership there will be a change to the Members with a new NED arriving and one leaving, with no changes to the Prescribed Attendees list.

Comments:

The Committee discussed the issues around clinical indicators and the data aligned to that and how that along with the Duty of Quality and Candour would develop going forward.

Trish Mills commented that Committee would focus on the quality strategy or quality plan the development of it as it comes through next year and maybe also with the new health and care quality standards being introduced with the new act is how the Trust was moving towards providing assurance to the Board on those standards. Liam Williams added that the Quality Management Group was addressing the standards with updates, through the Clinical Quality and Governance Group (CQGG) coming to the Committee.

Liam Williams added that the Chief Nursing Officer will have a focus on Infection Prevention and Safeguarding.

The Committee must continue to focus on the two main risks, 223 (the Trust's inability to reach patients in the community causing patient harm and death) and Risk 224 (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients), and their impact. Liam Wiliams added that the Committee could weave its agenda items into these risks and align the work of the Committee to support the mitigation of these risks.

Members appreciated that the focus of the Trust was on those areas of high risk and queried if there was enough focus on the other services, i.e. NEPTS. It was

suggested if there were ways in which the Committee could have more visibility on some of the lower risk areas.

In setting its priorities for 2024/25, the Chair emphasised the importance of recognising the duty of quality and duty of candour as a priority highlighting the role of the quality strategy in fulfilling this duty additionally as a sub section of this priority. Addressing risks 223 to 224 too should be noted as another priority alongside innovations in care. The many comments made during this discussion have aligned with these three overarching priorities. Members were content and agreed with these priorities.

RESOLVED: The Committee:

(1) Reviewed and approved the draft Annual Report.
(2) Reviewed and endorsed any further changes to the terms of reference;
(3) Confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report; and
(4) Set its priorities for the Committee for 2024/5.

13/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report advising that the same information was presented to the Board last month.

The Trust's highest rated Risks 223 and Risk 224 scoring 25, remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death. These risks continue to be closely monitored by management, Board Committees, and at the Trust Board meetings.

Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance. These two risks will be reviewed closely in conjunction with each other to ensure the synergy between them both and that they reflect the actions from the avoidable harm paper in the same way.

Comments:

Members welcomed the reviewing of the two highest scoring risks, noting that the Trust continued to do everything it could to reduce the score.

RESOLVED: The Committee noted the report.

14/24 POLICIES FOR APPROVAL/ADOPTION

Leanne Smith explained that the Data Protection Policy has been fully revised, redrafted and brought into alignment with the requirements of the Data Protection Act 2018 and UK General Data Protection Regulations, which are key pieces of legislation covering the handling, security, and confidentiality of personal information.

This policy has been through the relevant stages of the policy review process, including the Information Governance Steering Group with invites for comments, followed by Trust-wide consultation. It was approved by the Policy Group on 19 December 2023.

The Committee were advised that the Trust employed Kelly Holding as the data protection expert who's responsible for helping ensure the Trust's legal obligations as a collective were met. Her work and others involved in the Trust who have developed the policy should be recognised.

RESOLVED: The Data Protection Policy was approved.

15/24 AUDIT TRACKER AND AUDIT REPORTS

Trish Mills advised the Committee that the Audit Tracker has been updated in Quarter three following its complete revision in Quarter two; again, there has been excellent engagement from Directorates. Around12.5% of internal audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed, many of which are due to be closed in Quarter four or Quarter one of 2024/25.

The current version of the tracker is now open for Directorate review for actions due in January, February, and March. These updates will then be reported to the Committee at its meeting in May 2024.

Discussions have taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Q4 with a view to closing or revising as many as possible.

Records Management Internal Audit Report – Reasonable Assurance

Leanne Smith presented the report and thanked the Internal Auditors for their assistance in developing this report.

Leanne Smith clarified that the records team comprises only three permanent members who covered two essential services; handling requests for personal and Trust records and managing Trust records which was the focus of the audit.

The Trust has experienced a notable rise in records requests over the past decade with a 40% increase in 2022-2023 compared to the previous year. This year the increase is projected to be around 7% however the capacity to focus on records management as highlighted in the audit is diminishing. The team has prioritised not breaching any individual rights and subject access requests, but this focus has led to challenges in implementing records management improvement plans.

Progress was being made on the action listed in the report which is illustrated in the Audit Tracker.

Comments:

Members queried whether the storage of physical records, which were currently being held in a premises owned by Denbighshire County Council, as the Trust moved towards digitisation, would decrease over time. Leanne Smith commented that the risk of paper records being held outside Trust premises and the cost would decrease over time. She added that the Trust was looking to see if there was unused space on Trust premises that could be used as storage in the meantime.

Osin Lloyd added that some of the high priority findings in the audit related to the paper records and storage.

Given the resources in the Team, the Committee queried whether the timelines reflected in completing the actions were realistic. Leanne Smith accepted there would be challenges but plans were currently on track to meet the timelines for the current quarter.

RESOLVED: The Committee:

(1) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -

(2) Records Management (received by Audit Committee on 30 November); and

(3) Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions and were assured by the update received.

16/24 INFORMATION GOVERNANCE REPORT AND INFORMATION SECURITY KEY PERFORMANCE INDICATORS (KPI) REPORTING

Leanne Smith presented the report and highlighted the following areas for the Committee’s attention:

Data Protection Impact Assessments (DPIA): DPIAs are required when new systems, processes or projects, or changes to existing ones, may result in a risk to the rights and freedoms of individuals and their personal information. Although progress has been steady over the year, many DPIAs are still awaiting review or have not yet been started due to lack of engagement from teams around the organisation, and limited capacity in the IG team to support the completion and approval of DPIAs. The Information Governance Steering Group was now assisting in the prioritisation of reducing the current backlog.

Records Requests: despite a significant increasing trend requests for records received annually, the small team have managed to increase compliance rates since the October reporting where compliance was at 86%. This is through improved processes and support from individuals performing alternative duties within the Trust.

Information Governance Toolkit – This is the top section of the dashboard and has seen a significant change from the 2022/23 set of minimum expectation requirements. The questions set in the categories for this year have changed which means that some of the evidence to be collected will be different. In terms of progress against the 2023/24 IG Toolkit submission, there was still around 28% of requirements with outstanding evidence against them.

Work was ongoing to improve the strength of passwords within the Trust; the challenge being for front line staff.

Comments:

Freedom of Information Requests: There has been an increase in the volume and complexity of FOI requests compared to 2022/23 which has led to months in 2023/24 seeing poor performance against the target (of responding to 90% of requests within 20 working days). Trish Mills explained the challenges in resources which has been the cause of this issue; adding that the Trust was looking at ways to improve the situation which included automation.

RESOLVED: The Committee noted the contents of the report and the tends in the metrics.

17/24 WELSH RISK POOL CONCERNS ASSESSMENT

Liam Williams advised the Committee that the report outlined the progress against the Welsh risk Pool (WRP) Concerns Assessment as of December 2023.

The Report identified several recommendations. Each organisation in Wales has been asked to develop an Improvement Plan which addresses the findings and supports the prioritisation of improvement activity in this area. There were 10 areas earmarked for improvement, one of the recommendations (WRP01) required Committee support to be extended to 31 March 2024, the remaining nine actions were on target to be completed by then.

The Committee noted and supported the extension of the action WRP01 to 31 March 2024.

RESOLVED: The Committee noted the report and agreed that WRP01 completion date be extended to 31 March 2024:

18/24 CYCLE OF BUSINESS MONITORING REPORT

The report was presented for information.

RESOLVED: The Committee noted the report.

19/24 PATIENT STORY UPDATES

The report was presented for noting.

RESOLVED: The update was noted.

20/24 KEY MESSAGES FOR BOARD

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

21/24 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

The following actions were captured during the meeting:

The driver diagram now will be a substantive item on the next meeting agenda rather than in the consent items.

The PTR report discussed how data could be presented differently and considered how to have different approaches to remote consultation and involve care homes.

MIQPR, PCC would consider more closely the staff sickness and PADR. There were also questions raised on the content regarding the number of patients where ambulances were cancelled or where it was not possible to provide a response, it was queried whether the placement of this under 'Partnership & System Contribution' was correct.

The Committee asked that a timeline/timetable of how the revised Quality Strategy would be delivered.

Healthcare Inspectorate Wales Annual Report 22-23, it was agreed this would be appended to the AAA report going to the Board.

Medicines Management Assurance report, it was agreed this would be added to the Trust Board closed meeting.

In respect of the Committee's effectiveness, Members reviewed and approved the draft Annual Report. Reviewed and approved any further changes to the terms of reference. Confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report and set its priorities for the Committee for 2024/5.

Agreed to review Risks 223 and 224 noting the position has been the same for several years.

The Committee approved the new Data protection policy.

Welsh Risk Pool Concerns, the Committee noted and supported the extension of the action WRP01 to 31 March 2024.

The patient story was challenging and led to a very constructive discussion, but it was important to continue to hear from patients.

It was recognised that the lack of capacity in some areas of the workforce added to the already significant and challenging workloads of staff.

The meeting, with a lunch break did not feel rushed and each item was afforded the appropriate time allowing for effective discussion.

22/24 ANY OTHER BUSINESS

The Chair of the Committee, recognising this was Paul Hollard's last meeting thanked him for his support and valued contribution over the past several years.

Paul Hollard thanked the Chair adding that he had seen over the years how the Quest Committee had grown positively and improved.

Date of Next meeting: 7 May 2024

Meeting concluded at 14:30