

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 22 NOVEMBER 2016 AT VANTAGE POINT HOUSE, CWMBRAN WITH A VIDEO LINK TO HQ ST ASAPH

PRESENT :

Emrys Davies	Non Executive Director and Chairman	ED
Paul Hollard	Non Executive Director	PH
James Mycroft	Non Executive Director (Via Telecon)	JM
Martin Woodford	Non Executive Director	MW

DIRECTORS:

Claire Bevan	Director of Quality, Safety and Patient Experience	CB
Richard Lee	Director of Operations (Part)	RL
Dr Brendan Lloyd	Medical Director	BL

IN ATTENDANCE:

Keith Cox	Board Secretary	KC
Fiona Davies	Safeguarding Team	FD
Leanne Hawker	Head of Patient Experience & Community Involvement	LH
Wendy Herbert	Assistant Director of Quality and Nursing	WH
Alison Kelly	Business and Quality Manager	AK
Nick Morgan	Staffside Representative	NM
Steve Owen	Corporate Governance Officer (Via VC St Asaph)	SO
Dylan Parry	Staffside Representative	DP
Gareth Thomas	Patient Experience Team	GT
Kevin Webb	Clinical Effectiveness Manager	KWe
Keith Williams	Head of Joint Resilience Unit (VC)	KWi

APOLOGIES

Professor Kevin Davies	Non Executive Director
Deborah Kingsbury	Strategy and Planning Manager
Carol Moseley	Wales Audit Office

42/16 PROCEDURAL MATTERS

Prior to the meeting several Members of the Committee as part of National Sensory Loss month, simulated being in a sensory loss environment by either wearing ear defenders or assimilated glasses/goggles to experience deafness and sight impairment.

Minutes

The Chairman welcomed all to the meeting. He referred to the Minutes of the open session of the meeting held on 21 July 2016 which were confirmed as a correct record.

Matters Arising

CB updated the Committee on the situation regarding Bariatric issues advising there is a need for a task and finish group to be established to take forward this work in conjunction with the Director of Operations and Medical Director and this is being planned for early 2017.

Action Log

The Action Log was considered by the Committee and the actions therein were dealt with accordingly.

RESOLVED: That

- (1) the Minutes of the meetings held on 21 July 2016 were confirmed as a correct record;**
- (2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE was noted; and**
- (3) the updates to the Action Log were noted.**

43/16 PATIENT STORY

The Committee were presented with a story by the Head of Patient Experience & Community Involvement which related to patients with mental health needs and the challenge for our staff when supporting patients who display physical and threatening behaviours. The issue of physical restraint of a patient by Trust staff was discussed in detail. The patient concerned had become aggressive and was verbally abusive to staff members. In order to maintain patient and staff safety, the staff had to carry out certain measures which led to the patient being restrained in order to avoid any further harm to all concerned.

FD further informed the Committee of procedures within the National Institute for Health and Care Excellence guidance, Trust staff should not be trained in the use of restraint; equally as important, Trust staff should be informed and confident in using de escalation techniques other than restraint. **FD** emphasised the importance of providing training to staff for the safe management of such circumstances. .

Feedback from staff had shown there needs to be a consistent approach across the Trust to equip staff with de escalation skills to respond safely/effectively in such situations. . The Trust has identified the need for a consistent approach to how staff are supported in responding to patients, understanding their needs, acting in a safe way for themselves and patients and the reporting process going forward.

The Director of Operations added there should be further investment across Wales in mental health which would allow patients to be supported through the appropriate pathways within the wider system. In terms of this particular case he added that the

staff, under the circumstances presented to them, had used the required restraint to prevent any further injuries to all parties concerned.

Members discussed the issue of mental health in further detail and raised several points which included:

- **WH** advised that the first draft WAST Mental Health Improvement Plan was under development and commented upon some of the review of guidelines required going forward which included how the Trust addresses the skills of staff to avoid the use of restraint.
- **CB** advised that the UK Ambulance Services Quality Group and Medical Directors group are looking at the issues relating to restraint nationally.
- **BL** referred to the possible use of chemical restraint by other blue light services in certain circumstances adding that cases such as the one presented involved a patient whose actions would have been very unpredictable
- **RL** advised the Committee of circumstances whereby police would become involved in terms of cases where the use of restraint was required
- Concern was expressed there was not sufficient training in place for call handlers to deal with episodes of callers with a mental health issue and these calls could be prolonged. This will be addressed by the Mental Health Improvement Plan.

The Chairman concluded there were several issues the Trust needed to consider going forward. The WAST Mental Health Improvement Plan should incorporate the issues raised in terms of restraint and the direction and guidance which was to be given to staff in that regard. The Mental Health Improvement Plan will be presented to the Committee 19th January 2017.

Feedback was provided by those present who had simulated a sensory loss scenario and they advised it had been very challenging, frustrating and had created a feeling of isolation.

RESOLVED: That

(1) the patient story was noted; and

(2) the Director of Quality, Safety and Patient Experience in liaison with the Medical Director provide an update on progress of the issues learned from the patient story at the next meeting.

44/15 QUARTERLY QUALITY ASSURANCE REPORT JULY - SEPTEMBER 2016

The Director of Quality, Safety and Patient Experience **CB** drew the Committee's attention to the report and acknowledged there will still some gaps in the data which were being addressed as the report developed. The Committee were further informed that the work being conducted by the Quality Steering Group (focusing on Assurance, Improvement & Learning) was the enabler for providing the information contained within this report.

The Committee were provided with details surrounding the focus on the Quality Strategy and that the new Quality Steering group will triangulate the Quality data and information to inform the development of the quality improvement plan going forward.

CB drew the Committee's attention to several high level achievements that had happened during the reporting period:

- National awards and NHS Wales awards – Frequent Callers improvement project
- Infection Prevention Control (IPC) – The band seven post had been recruited to and the IPC improvement plan was underway and would be presented to the Committee in January 2017
- Serious Adverse Incidents (SAIs) - there had been a reduction of SAIs in quarter two and an improvement in SAIs closed
- Concerns implementation plan – significant progress was being made

Members, in discussing the report, acknowledged it was still a work in progress, and were given the necessary level of assurance contained within it; the following points were raised:

- Were there any trends with SAIs – **CB** commented that the majority of SAIs being investigated had identified that system delays, in particular hospital hand over delays were a contributory factor.
- In terms of the work surrounding falls prevention for example, and the early indication of good results, how quickly could these initiatives be rolled out – **RL** advised that three areas had been identified going forward, the use of CFR's, fire and rescue intervention and having an occupational therapist and a Trust member of staff available to respond to falls.

CB added that the sharing of best practice across health boards would be advantageous going forward and the Health Board Quality reports have been a vehicle to start this process.

The Chair commented he was encouraged by the developments taking place which underpinned the work being undertaken going forward which would lead to significant improvements adding that the report had provided the Committee with the necessary assurance it sought.

CB advised that due to the timing of the Committee, instead of a quarterly assurance report there would be a Health and Safety report at the next meeting. The next quarterly report would be provided at the May meeting.

RESOLVED: That

- (1) the progress in some areas was acknowledged; and**
- (2) the report was discussed and the levels of assurance were provided ahead of onward reporting to Trust Board by the Chairman.**

45/16 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT TEAM (HIGHLIGHT REPORT)

CB reiterated to the Committee that in line with Welsh Government strategy, Partners in Healthcare had been renamed as indicated in the title of the report.

LH advised the Committee of the following highlight areas within the report and

expanded upon each item:

- NHS Direct Wales website
- Launch of WAST Promises to older people
- Community events across Wales had increased following public demand
- Patients with sensory loss and the engagement work being undertaken
- Patients with learning disabilities and the ongoing work in communities
- Fantastic success of the 'shocktober' work had given rise to requests for further community involvement outside the month of October
- Ongoing work with falls prevention

RESOLVED: That

(1) the Patient Experience Highlight Report was received and approved for release to Welsh Government, NHS colleagues and Partners; and

(2) the actions being taken forward were noted and supported.

46/16 WELSH AMBULANCE SERVICES NHS TRUST ANNUAL REPORT FROM HEALTH INSPECTORATE WALES 2015/16

The Committee were given an overview of the report by **CB**. Members were informed that going forward, the Trust would be considered in the wider HIW thematic reviews.

The Chair advised there were no reviews that concerned the Trust at this stage.

RESOLVED: That the report, prior to onward reporting to the Trust Board, supporting future WAST involvement in relevant HIW thematic reviews was discussed and endorsed.

47/16 DRAFT WAST MENTAL HEALTH IMPROVEMENT PLAN

The Assistant Director of Quality and Nursing **WH**, gave an overview of the plan.

A key part of the plan going forward would not only consider the improvements for e patients but also take into consideration any support that Trust staff may require.

WH referred to the six key s priorities being developed during the progress of the Draft Mental Health Improvement Plan. It was crucial for the plan going forward that sustainable pathways and infrastructure were in place and were well established.

In terms of the restraint policy, **WH** advised that this will be developed as part of the improvement plan it should be centred on decreasing the need to use restraint. Members considered the draft plan further acknowledging that it was work in progress, noting that it should be finalised early next year. **CB** advised that the plan would be presented at the next QuESt meeting in January 2017.

RESOLVED: That the report was received and assurance was given that the updated Action Plan and agreed actions were being progressed.

48/16 QUALITY IMPROVEMENTS: LEARNING FROM THE WELSH AMBULANCE SERVICES NHS TRUST'S RESPONSE TO SERIOUS ADVERSE INCIDENTS

The Committee were given an overview in terms of the ongoing improvement work

and actions which had been identified in relation to how the Trust had coordinated the response to the tragic case of Jasmine Lapsley. Additional learning had been identified in relation to how the Trust response to SAIs to achieve improved communication, support and outcomes for families.

Members were advised of the ongoing improvements the Trust was focussing upon. Three high level task and finish groups had been set up to carry out the various actions in order to achieve the required outcomes (investigation process, communication and developing a family support model).

CB referred to the draft guidance for staff document on writing statements, giving evidence in court and preparing for inquests which had been one of the themes following the review. There were however, still further minor changes to be made prior to the publication of the document and this would be finalised at the Quality Steering group in December with staff side.

Members were informed that Mr and Mrs Lapsley had reviewed the appropriate Trust documentation and processes and had provided several comments for the Trust to consider.

CB gave an overview on how the Board was provided with the relevant information in relation to SAIs. In addition, if there was an SAI of significant risk/reputational risk to the organisation this would, through the Serious Clinical Incident Forum, be brought to the attention of the Trust Board Chairman and the Chief Executive.

Members acknowledged the report and raised several points and comments which were addressed by the Director of Quality, Safety and Patient Experience.

A detailed discussion with regard to the role of Trade Unions representation took place; **CB** advised that the draft guidance for staff was an iterative document and the Chairman added there would be a need for further development to align with Trade Union staff going forward.

RESOLVED: That the report was received and assurance given that agreed improvement actions were being progressed as a result of the review of the Welsh Ambulance Services NHS Trust's response to the incident.

49/16 REVIEW OF TRUST RESPONSE TO NORTH WALES ROAD TRAFFIC COLLISION INFORMING RECOMMENDATIONS

KWi provided the background details of the tragic incident that had occurred earlier in the year. In terms of identifying the lessons learned he advised the Committee of the actions and areas of good practice identified following the operational debrief and the wider engagement debrief approach. He further informed the Committee with details of the recommendations that had transpired, for example, actions upon death in service and how the Trust could develop this going forward.

Several other areas where lessons could be learned had been identified which included the wellbeing of staff and the need to develop family support model. In terms of the latter, the Trust had identified where this could be improved.

Members considered the report in greater detail and asked that a minor amendment be made in terms of action number five and the completion date. In addition they discussed the health and wellbeing of staff in which **BL** gave an overview of the possibility of fitness testing within the Trust and briefly what that could involve.

The Chairman referred to the issue of fitness commenting that holders of certain driving licenses were subjected to yearly fitness tests and this could be a possibility the Trust could explore.

RESOLVED: That the content of the report and the supporting debrief reports whilst recognising there were some issues to be resolved were noted.

50/16 REVISED CLINICAL AUDIT AND EFFECTIVENESS PROGRAMME

The Medical Director **BL** gave an overview of the programme and explained it had been completely revised and streamlined from previous versions. In terms of the significant audits that had previously been undertaken, the Committee were to note that the majority of the work had now been incorporated into the clinical indicator work. He was confident the programme could be delivered and would contribute effectively to the Trust going forward.

KWe provided the Committee with further detailed information of ongoing audits which included the specifics in terms of how the Trust was processing Patient Clinical Records much more effectively.

In terms of July and August audits, **PH** asked why there had been delays. **KWe** explained there had been some funding and staff resources issues which had contributed to the delays in completion.

CB commented on the layout of the report and suggested that if the summary table could be integrated as part of the Annex to the quarterly Quality Assurance report that would be helpful.

The Chairman queried whether the revised dates contained within the report were achievable. He added there was a requirement, once assurance had been provided to this Committee that audits were on track, the Audit Committee be informed of progress.

RESOLVED: That

- (1) the update was noted and the ongoing actions proposed to improve the Clinical Audit & Effectiveness Programme was acknowledged and supported; and**
- (2) the Audit Committee receive an update as required.**

51/16 OPERATIONAL PLAN 2016/17 UPDATE

The Director of Operations **RL**, presented the report as read and highlighted the following points for the Committee's attention:

- The use of private providers and their reduction going forward
- Demand and Capacity review was continuing
- Community Paramedic Scheme
- New CAD, funding had been approved
- Christmas period arrangements

RESOLVED: That the update was noted.

52/16 WELSH AMBULANCE SERVICES NHS TRUST ALL WALES STANDARDS FOR ACCESSIBLE COMMUNICATION AND INFORMATION FOR PEOPLE WITH SENSORY LOSS

LH presented the report to the Committee and gave an overview of the standards of service delivery that people with sensory loss should expect when accessing healthcare; the standards had originally been launched in December 2013. She advised Members of the progress that had taken place adding there was still further developmental work required going forward.

The Committee acknowledged and noted the considerable amount of work undertaken by those involved notwithstanding the inevitable challenges.

RESOLVED: That

- (1) the requirements against the sensory loss standards and the actions to improve compliance to the standards were noted;**
- (2) the recommendation to establish a Patient Experience work plan and group to include sensory loss impairment to improve compliance and provide assurances to the Quality Steering Group on progress was supported; and**
- (3) the report had been submitted for October 2016 as part of the NHS Outcomes Framework was noted.**

53/16 WELSH AMBULANCE SERVICES NHS TRUST CARE AND SOCIAL SERVICES INSPECTORATE WALES – NATIONAL INSPECTION OF CARE AND SUPPORT FOR PEOPLE WITH LEARNING DIFFICULTIES

LH gave an overview of the report and provided the committee with the following highlight information contained within it:

- reporting processes which included training
- flagging of addresses
- accessing of patient information
- capturing mortality rates of people with learning difficulties

LH added that the accessing of information was an ongoing piece of work going forward and was being piloted in the Cardiff and Vale area.

The Chairman expressed concerned with the issue of cross border records and queried how that was being addressed.

RESOLVED: That

- (1) the summary report in respect of the National inspection of care and support for people with learning disabilities overview was received;**
- (2) the recommendation to improve understanding of the needs of adults with a learning disability, including support for carers across the Trust to include awareness training around the requirements of those with learning disabilities was supported; and**
- (3) the forthcoming Learning Disability Celebration Event in February 2017 was**

noted.

54/16 CORE REQUIREMENTS SELF ASSESMENT R2 SCHEDULE RETURN

The Committee were informed by **CB** that the information within the report, since the last return, had demonstrated the Trust had made significant progress. The self-assessment had been sent to EASC for their consideration. It was noted that the Clinical Risk Assurance Review currently being undertaken by EASC would be shared at the January QuEST as it was hoped the report from EASC would be available.

RESOLVED: That

- (1) the Core Requirements R2 Schedule Return and the linkages across the Health & Care Standards was noted; and**
- (2) the requirement to develop assurance reports relating to quality, safety and patient experience, which consider both sets of requirements to drive improvements from both an internal and external perspective was discussed.**

55/16 REGULATION 28 – PREVENTION OF FUTURE DEATHS REPORT

WH provided the Committee with details surrounding the tragic death of Pamela June Conway. The death had been attributed to natural causes, however the Coroner had identified there had been a significant delay in receiving care and treatment. The Coroner had also issued the regulation to Betsi Cadwaladr University Health Board for them to address their aspect of the delay. The overall delay was 21 hours delay of which the Trust's delay in reaching Pamela was 2 hours 50 minutes.

BL referred to the meetings he and the Director of Operations had with coroners in Wales in which the clinical model had been discussed and how the details around amber calls had changed. They recognised the work the Trust did and were clear and aware of the delays outside hospitals.

RESOLVED: That the report was received and assurance was provided that the updated Action Plan and agreed actions were being progressed.

56/16 CONSENT ITEMS

The following items were presented to the Committee for noting:

- 1) Annual Ombudsman Letter
- 2) QuEST Planning Action Notes
- 3) Quality Steering Group (Assurance Improvement and Learning) Terms of Reference and Action Log
- 4) Annual Equality Plan (Monitoring)
- 5) Monthly Integrated Performance Report

RESOLVED: That the items listed above were noted.

Any Other Business

The Chairman advised that a revised agenda to include reference to the Healthcare Standards would be prepared for the next meeting.