

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 22 OCTOBER 2015 AT VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Emrys Davies	Non Executive Director and Chairman	ED
James Mycroft	Non Executive Director	JM
Martin Woodford	Non Executive Director	MW

DIRECTORS:

Wendy Herbert	Assistant Director of Quality and Nursing	WH
Dr Brendan Lloyd	Medical Director	BL

IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance	HB
Kath Charters	Staff Side Representative (Via VC)	KC
Julie Hamer	Senior Nurse Quality & Clinical Practice Lead	JH
Leanne Hawker	Partners in Healthcare Lead	LH
Mike Jenkins	Paramedic Quality and Clinical Practice Lead/ Advanced Paramedic Practitioner	MJ
Alison Johnstone	Partners in Healthcare Manager	AJ
Caroline Mitfari	Service Development Manager	CM
Nigel Heal	Staff Side Representative	NH
Steve Owen	Corporate Governance Officer (Via VC St Asaph)	SO
Jane Palin	Senior Nurse Quality & Clinical Practice Lead	JP
Dawn Sharp	Assistant Board Secretary Betsi Cadwaladr University Health Board (Via VC St Asaph)	DS

APOLOGIES

Professor Kevin Davies	Non Executive Director
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47/15 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and confirmed that the meeting was being recorded. He advised that there would be an item for the Closed session and queried Item 4.1 on the Open session as to whether it should be discussed in further detail and not just for noting.

The Minutes of the meeting of the Open session of QuEST held on 27 August 2015 were confirmed as a correct record subject to the following minor corrections:

- Page one - Initials for Nigel Heal should read NH

- Page three – Minute 34/15, page three paragraph four, delete the word ‘genuine’ and insert ‘qualify in liability.’

Action Log

The Action Log was considered by the Committee and the actions within discussed and completed as necessary. In terms of Action point four (Local Delivery Plans and their effectiveness), **JP** advised the Committee of the work undertaken going forward and it was agreed that a further update be provided at the next meeting.

RESOLVED: That

- (1) the Minutes of the meeting held on 27 August 2015 be confirmed as a true account subject to the minor corrections above; and**
- (2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE be noted.**

48/15 PATIENT STORY

The Partners in Healthcare Lead **LM**, introduced the story which reflected upon the experience of a male Urgent Care Assistant whilst waiting in the corridor at A and E with a female stretcher patient. The patient had limited mobility and after a period of two hours waiting in the corridor requested to use the toilet. Female assistance was required and this had been requested from the Healthcare Professional (HCP) Desk, however following a further 15 minute wait, no assistance was forthcoming. At this stage it was decided that the patient be taken direct to A and E, and it subsequently became apparent that the patient had soiled herself.

Following this incident, several issues in terms of infection prevention and control and dignity and care had arisen which had resulted in a great deal of work being undertaken by the Partners in Healthcare to address them.

The Committee were provided with further details in terms of how the HCP Desk functioned and were advised of the ongoing liaison with other Health Board colleagues to mitigate any risk of poor patient experience. The Trust had also been in contact with the Director of Continence Services, who was part of the All Wales forum. The Director of Continence Services was very keen to assist the Trust in terms of providing advice and would welcome being part of any multi-disciplinary team the Trust intended to establish in addressing the highlighted issues going forward.

LH further added that dealing with continence issues did not form part of ambulance crew training. There was however dignity and care training. The Committee were given assurance that the Trust was working collaboratively with other NHS colleagues to consider how the patient experience could be improved. **LH** referred to the A and E Handover guidance protocol that had been introduced.

The following comments were raised:

- What was the escalation process in terms of ensuring patients were able to use toilet facilities? **BL** provided an overview in this regard and referred to the hospital continence bundle guidelines. He further advised that guidance was due to be issued via a Welsh Health Circular.
- It was imperative that a system be put in place which would also assist the

crews in managing toileting issues during transit and how vehicles were cleaned thereafter.

- In terms of toileting patients, the issues arising during transit and at or outside hospitals should be treated separately and resolved as such.

The Committee held a further detailed discussion which considered the various work streams that had inevitably evolved from this issue.

The Chairman asked that the Assistant Director of Quality of Nursing and the Partners in Healthcare Lead review all the issues that had arisen from this story and provide an update in terms of any work and planned work being undertaken at the next meeting.

RESOLVED: That

(1) the patient story be noted; and

(2) the Assistant Director of Quality and Nursing and the Partners in Healthcare Lead update the Committee at the next meeting on the issues that had arisen from this story.

49/15 INTEGRATED PERFORMANCE REPORT

The Head of Planning and Performance provided the Committee with an overview of the Integrated Performance Report for the month of August 2015. He informed the Committee of the key highlights within the report.

The Chairman welcomed comments from the Committee:

- It was mooted whether some of the audit information within the IPR be referred to the Audit Committee and in terms of delivering should it be referred to the Finance and Resources Committee. **HB** advised that work was being undertaken which would revamp the Corporate Risk Register making it more robust and this may be the driver for certain issues to be addressed.
- The Medical Director **BL**, updated the Committee on the Trust's performance since the new clinical model had started.
- Performance charts – it would be useful if the commentary could illustrate the underlying drivers in a more comprehensive manner.

The Chairman added that the Committee needed to understand, in quick time, the clinical outcomes and how that could be demonstrated going forward.

RESOLVED: That the report be noted.

50/15 PUTTING THINGS RIGHT REPORT

The Assistant Director of Quality and Nursing provided the Committee with an overview of the latest position in terms of aspects of concerns in line with the requirements of Welsh Government.

In terms of implementation of the latest version of Datix, **WH** advised that this was a priority for the ICT department but as yet could not provide a definite start date.

RESOLVED: That the monthly report on Concerns for information and monitoring purposes be noted.

51/15 ORGANISATIONAL LEARNING GROUP (OLG) UPDATE

The Assistant Director of Quality and Nursing **WH**, presented the report to the Committee and provided a summary of the work undertaken by the OLG in its establishment and its methodology going forward.

RESOLVED: That

- (1) the proposed direction of travel for Organisational Learning within the Trust be noted; and**
- (2) the Chairman, Emrys Davies be formally appointed as the champion for Organisational Learning.**

52/15 100 DAY TURNAROUND PLAN FOR PUTTING THINGS RIGHT - UPDATE

The Committee were provided with assurance that the plan was on track; **WH** further commented on the processes that were in place for the continued implementation of the plan going forward.

The following comments were raised:

- Was a process in place to group similar concerns as a standard response to avoid lengthy investigations? **WH** stated that standardised templates were being contemplated and also commented that the Trust was clear when carrying out investigations, that the level should be proportionate to the seriousness of them.

The Chairman commented that part of the plan was to resolve the issue of the organisational arrangements and it was his understanding that a way forward would be determined by 5 November 2015.

RESOLVED: That the update be noted.

53/15 INFECTION PREVENTION CONTROL (IPC) – OPERATIONAL DELIVERY PLAN 2015-2017

The Senior Nurse Quality & Clinical Practice Lead **JP**, presented the report which focused on the Operational Delivery Plan for the Trust going forward. **JP** added that the biggest bone of contention at the moment was the issue surrounding the cleaning of estates and vehicles.

WH addressed the Committee and advised them in terms of how the plan was going to be delivered informing them that she would be the lead with support from the Medical Director and the Interim Assistant Director of Operations (EMS).

The Chairman advised using extreme caution when implementing the tendering process adding that 2017 was beyond an acceptable time for the plan to be completed.

The Committee discussed in greater detail the issue surrounding cleaning, its long standing problem and that it should not form part of a paramedic's job description. It was agreed that two separate charts to monitor and show progress in terms of the

estates and vehicles be implemented and presented at the next meeting.

RESOLVED: That

- (1) the IPC Operational Plan 2015-2017 be supported subject to challenging the timescale;**
- (2) only recommendations will be made from an Action Group regarding short/medium and long term solutions within the 2 year period in relation to cleaning vehicles (item 13 on plan) be acknowledged; and**
- (3) two separate progress charts, one indicating estate cleaning and the other vehicle cleaning be presented at the next Committee meeting.**

54/15 QUALITY IMPROVEMENT STRATEGY CONSULTATION FEEDBACK AND RECOMMENDATIONS

The Senior Nurse Quality & Clinical Practice Lead **JP**, presented the Committee with the report which provided a summary of the recommendations of the feedback which had been incorporated into the strategy.

In terms of timescale, **JP** advised that it was her intention for the strategy to be presented to the Committee on 25 February 2016.

RESOLVED: That the report be approved and the final version of the strategy be received at the meeting on 25 February 2016.

55/15 ITEMS FOR NOTING

Green Paper on NHS quality, governance and functions

The Committee discussed the paper in detail and it was agreed that any responses were to be coordinated through Estelle Hitchon Associate Director, Chief Executive's Office. The Assistant Director of Quality and Nursing would liaise with the Associate Director, Chief Executive's Office to receive the clinical element of the response for the Committee's attention in order for further scrutiny to be conducted.

Minutes of the National Joint Committee for Health, Safety and Welfare dated 8 August 2014.

Following a brief discussion of the above Minutes it was agreed that certain items within them be discussed at the OLG and in future any items of relevance to the Committee be submitted through the OLG.

RESOLVED: That

- (1) any responses to the Green Paper be submitted to the Associate Director, Chief Executive's office with QuEST receiving a copy of the submitted response;**
- (2) the Minutes of the National Joint Committee for Health, Safety and Welfare dated 8 August 2014 be noted; and**
- (3) the Paramedic Quality and Clinical Practice Lead/Advanced Paramedic Practitioner MJ, coordinate the relevant details within the Minutes**

through the OLG.

RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk