

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 25 FEBRUARY 2016 AT VANTAGE POINT HOUSE, CWMBRAN WITH A VIDEO LINK TO HQ ST ASAPH

PRESENT :

Emrys Davies	Non Executive Director and Chairman	ED
Professor Kevin Davies	Non Executive Director	KD
James Mycroft	Non Executive Director (Via Audio)	JM
Martin Woodford	Non Executive Director	MW

DIRECTORS:

Claire Bevan	Director of Quality, Safety and Patient Experience	CB
Richard Lee	Director of Operations (Interim)	RL

IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance	HB
Hannah Evans	Director of Planning and Performance (Interim)	HE
Leanne Hawker	Partners in Healthcare Lead	LH
Mike Jenkins	Paramedic Quality and Clinical Practice Lead/ Advanced Paramedic Practitioner	MJ
Caroline Mitfari	Service Development Manager	CM
Nick Morgan	Staff Side Representative	NM
Steve Owen	Corporate Governance Officer (Via VC St Asaph)	SO
Jane Palin	Interim Assistant Director – Quality, Safety & Patient Experience Directorate	JP
Nick Smith	National Lead for PCS Modernisation (Part)	NS

OBSERVERS

APOLOGIES

Keith Cox	Board Secretary
Wendy Herbert	Assistant Director of Quality and Nursing

01/16 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and confirmed that it was being audio recorded.

Minutes

The Minutes of the open and closed sessions of the meetings held on 22 October and 3 December 2015 be confirmed as a correct record.

Action Log

The Action Log was considered by the Committee and the two open actions were to be annotated as completed.

RESOLVED: That

- (1) the Minutes of the meetings held on 22 October 2015 and 3 December 2015 be confirmed as a correct record;**
- (2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE be noted; and**
- (3) the updates to the Action Log as described be noted.**

02/16 PATIENT STORY

The Director of Quality, Safety and Patient Experience **CB**, provided the Committee with a brief introduction into the two stories being presented which both focussed upon patients with sensory loss and the issues they encountered with their journeys to and from hospital.

The Partners in Healthcare Lead **LH**, introduced the stories to the Committee; one which involved Jeff who required transport to hospital to undergo dialysis treatment and the other, Janice who recalled the issues she experienced when being accompanied by her guide dog.

Jeff's main concern was the fact that on occasion he could be waiting for over two hours at hospital for transport to take him home. He did stress though that recently the issues he had encountered previously had since improved.

In Janice's case, there was one occasion when the vehicle that arrived to take her to hospital was not ideal for patients who required their guide dog to accompany them on the journey. Notwithstanding that, the staff member who had taken Janice to hospital could not be faulted for the professionalism and care taken during the journey. Janice, however felt that the call taker may not have been fully knowledgeable of the procedures involved when allocating transport to a patient being accompanied by their guide dog.

LH confirmed that both these stories had given rise to areas where the Trust needed to improve and assured the Committee that these were being addressed. The Committee was advised that additional training was due to be undertaken by call takers with an emphasis on dialysis patients. **CB** added that using the lessons learned which had arisen from these stories as a tool during training, would be greatly beneficial for the Trust going forward.

LH provided the Committee with updates from previous stories following which a detailed discussion on the issue of caring for patients whilst waiting in ambulances outside hospitals was conducted. The Committee were also advised that a Plan Do Study Act was being taken forward in terms of the issues surrounding incontinence.

RESOLVED: That the patient story be noted.

03/16 INTEGRATED PERFORMANCE REPORT

The Head of Planning and Performance presented the report and drew the Committee's attention to the performance headlines contained within it.

The Director of Operations (Interim) **RL**, further expanded upon the clinical indicators illustrated in the report and advised that in the future these would be converted to the Ambulance Quality Indicator (AQI) format.

Members deliberated the report in further detail and focussed upon various issues which included the 'longest waits'. **RL** gave an explanation in terms of the procedures involved when dealing with calls and how they were processed on the Computer Aided Despatch system.

RL further advised that an Operational Improvement Plan was being developed which would capture the required metrics going forward and this would be presented at the next meeting.

In terms of the metrics being reported **HB** advised that the core requirement indicators were still under development and the way forward in terms of reporting was being progressed on an iterative process.

RESOLVED: That

(1) the report be noted; and

(2) an Operational Improvement Plan be presented at the next meeting.

04/16 PUTTING THINGS RIGHT (PTR) UPDATE

The Director of Quality, Safety and Patient Experience, **CB** presented the report and drew the Committee's attention to the following areas:

- PTR Policy was due for review in April 2016
- Compliance with the two day acknowledgement had increased markedly
- Training was ongoing to improve the quality of data using Datix
- Prevention of future deaths report, the response to the Coroner will be provided by 11 March 2016

The Chairman wanted to understand, going forward, what was being implemented to improve upon and rectify those areas which required it. **CB** advised that the development of the Operational Improvement Plan, the Integrated Medium Term Plan and the Quality Strategy would contribute to a better understanding of how the Trust could address the PTR issues.

RESOLVED: That the update be received.

05/16 SUSTAINABILITY PLAN FOR CONCERNS (Phase 2)

CB provided the Committee with an update and advised there was still further work required going forward to reach a satisfactory position. This involved looking into streamlining the investigations through better collaboration with all stakeholders during the investigative process.

RESOLVED: That

- (1) the update be noted; and**
- (2) an update be provided at the next meeting to illustrate the known trends and progress on reducing the outstanding complaints.**

06/16 PARTNERS IN HEALTHCARE – PATIENT EXPERIENCE HIGHLIGHT REPORT

The Partners in Healthcare Lead **LH**, presented the report as read and advised the Committee of the following items of interest within the report:

- Staff Experience - Hate Crime, awareness in this area had been raised through feedback from staff and Dignity Champions by the sharing of their personal stories
- NHS Direct Wales Website - an overview of the calls was provided
- Choose Well - this campaign had highlighted the importance of self-care when dealing with minor ailments, and the themes which had emanated from this campaign had been provided to the Clinical Modernisation Board
- Stakeholder engagement - the Committee were updated with progress in this regard

Members discussed in detail the above and other highlights within the report with examples being provided by **RL** and **MJ** of the issues being faced by the Trust in various areas.

RESOLVED: That

- (1) the report be received and approved for release to Welsh Government and NHS colleagues; and**
- (2) the actions being taken forward be supported and approved.**

07/16 HEALTH AND CARE STANDARDS – PATIENT EXPERIENCE OF NURSE TRIAGE ANNUAL AUDIT REPORT

The Director of Quality, Safety and Patient Experience, **CB** provided the Committee with an overview of the report.

In terms of the abandonment rate, **RL** advised the Committee of the process and how it was being monitored.

RESOLVED: That the report be noted.

08/16 ANNUAL QUALITY STATEMENT

The Committee were provided with a verbal update by the Director of Quality, Safety and Patient Experience in terms of the details required and a brief outline of the timelines involved.

The Partners in Healthcare Lead **LH**, gave an outline of what and when contributions were due, working on the draft AQS being available in July 2016.

RESOLVED: That the update be noted.

09/16 INFECTION PREVENTION CONTROL (IPC) – OPERATIONAL PLAN

The Committee were advised by **CB** that the main focus of the plan were the issues surrounding the cleanliness of estates. **CB** provided assurance that the plan to deep clean 46 ambulance stations was in place and would be delivered by 31 March 2016 adding that the longer term sustained plan was on track.

RESOLVED: That

- (1) the amendments to item 12 and 13 on the IPC Operational Plan be agreed;**
- (2) the progress made on item 12 of the plan be noted; and**
- (3) the IPC Operational Plan be approved in its entirety.**

10/16 QUALITY STRATEGY 2016/19

The Director of Quality, Safety and Patient Experience, **CB** provided background information in terms of the strategy going forward and asked the Committee to acknowledge the work undertaken in its production.

The Interim Assistant Director - Quality, Safety & Patient Experience Directorate **JP**, presented the strategy as read assuring the Committee that it would be aligned with the IMTP going forward. One of the key themes which had originated from the strategy was that it had been written in a clear and unambiguous manner.

Members held a detailed discussion which considered how the Trust could manage and have an understanding of how to realistically achieve the expectations and measures within the strategy.

RESOLVED: That the submission of the Strategy to the Trust Board for approval in March 2016 be endorsed.

11/16 RISK MANAGEMENT STRATEGY AND FRAMEWORK 2016/19

The Committee were provided with an overview of the report by the Interim Assistant Director - Quality, Safety & Patient Experience Directorate **JP**, who drew attention to the following areas:

- Risk Maturity
- Assurance Levels
- Managing Risk

The Committee discussed the report in further detail and welcomed the clarity within it commenting on the Trust's process in dealing with risk adding that standardised policies and procedures going forward would be key to the Trust's success in this area.

RESOLVED: That

- (1) the submission of the Risk Management Strategy & Framework 2016/19 to the Audit Committee and Trust Board for approval in March 2016 with an October 2016 review date be endorsed; and**

- (2) an update on the progress to date in relation to the development of the new Corporate Risk Register and discuss the approach regarding the quarterly reporting arrangements to the Committee from April 2016 and level of assurances required be received.

12/16 REVISED CORPORATE RISK REGISTER PROGRESS UPDATE

The Committee were provided with an update by **JP** in which they were advised on progress in terms of the risk register and the areas which had been considered when compiling it which included:

- Safeguarding
- Draft Local Delivery Plans
- Internal and External audit reports
- Clinical audit outputs
- Group/Committee/Board papers

In terms of reporting, **JP** added that this Committee and the Finance and Resources Committee would receive bespoke reports relevant to their particular areas of responsibility and the Audit Committee would receive the full report going forward.

RESOLVED: That

(1) the update be noted; and

(2) a copy of the presentation be circulated to the Committee.

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