

## WELSH AMBULANCE SERVICES NHS TRUST

### CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 12 MAY 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
Paul Hollard	Non Executive Director	PH
James Mycroft	Non Executive Director	JM

#### DIRECTORS:

Claire Bevan	Director of Quality, Safety and Patient Experience	CB
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#### IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance (Part)	HB
Keith Cox	Corporate Secretary	KC
Leanne Hawker	Partners in Healthcare Lead	LH
Wendy Herbert	Assistant Director of Quality and Nursing	WH
Melfyn Hughes	Welsh Language Officer (Part)	MH
Alison Johnstone	Partners in Healthcare Manager	AJ
Steve Owen	Corporate Governance Officer (Via VC St Asaph)	SO
Andy Perris	Interim Assistant Director Clinical Contact Centre	AP

#### OBSERVERS

Sarah Jones	Head of Corporate Intelligence and Development - HIW	SJ
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#### APOLOGIES

Andrew Jenkins	Deputy Director of Medical and Clinical Services
Mike Jenkins	Paramedic Quality and Clinical Practice Lead/ Advanced Paramedic Practitioner
Richard Lee	Director of Operations (Interim)
Dr Brendan Lloyd	Medical Director
Greg Lloyd	Locality Manager
Martin Woodford	Non Executive Director

#### 13/16 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting, including Paul Hollard and Sarah Jones and confirmed that it was being audio recorded.

Prior to the commencement of the official proceedings, the Chairman invited all attendees to pay their respects to the late Mr John Cliff, Patient Care Services by observing a moment of silence and to also acknowledge that the thoughts of the

Committee were with injured colleagues.

## **Minutes**

The Minutes of the open and closed sessions of the meetings held on 25 February 2016 were confirmed as a correct record subject to the minor correction as follows:

Closed Minutes, 02/16 Serious Adverse Incidents, 1st paragraph, Line 4 delete turnover and insert handover.

## **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 25 February 2016 be confirmed as a correct record subject to the minor correction as described;**
- (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.**

## **14/16 PATIENT STORY**

The Partners in Healthcare Lead **LH**, introduced the story to the committee which was delivered through audio visual means.

The video captured feedback from a group of service users aged 50 and over living within the Neath Port Talbot area. The views obtained highlighted the challenges faced with a particular emphasis on those with sensory loss, specifically in relation to deafness. A suggestion given by one of the group was to install a hearing loop system within ambulances.

Members were updated on the ongoing staff training and the work being undertaken to address the issues highlighted in the video.

## **Patient Story Tracker**

Members' attention was drawn to the patient story tracker which evidenced progress in terms of any lessons being learned and the themes and trends being identified from past patient stories that had been presented to the Committee.

The Committee discussed the contents of the tracker in further detail and were encouraged to see development of learning from these stories through the Organisational Learning Group going forward.

**RESOLVED: That the patient story be noted. The Patient Story Tracker to be presented to the Committee annually.**

## **15/16 INTEGRATED PERFORMANCE REPORT (IPR)**

The Head of Planning and Performance **HB**, provided the Committee with an overview of the report for the period covering the month of February 2016. He

referred to the highlight areas within the report and the effect on performance due to the hours being lost with the protracted delays in handing over patients at hospitals was of particular note.

In terms of developing the IPR, the Committee were advised that the new Ambulance Quality Indicators (AQIs) would be incorporated within it going forward.

Concern was expressed by the Committee in terms of the 'Longest Waits' for an ambulance, and what the Trust was instigating to address this issue. **HB** advised that all long waits were currently being reviewed on a case by case basis.

In conclusion the Chairman determined that the IPR was still in development but had improved markedly from its inception. He added that he was looking forward to viewing the Local Delivery Plans once they were completed.

The cleanliness of ambulance stations was discussed at length; the Committee were informed that during the summer 2016 a permanent cleaning contract would be in place which would provide a more sustainable method for cleaning going forward.

It was noted that the first iteration of the Quality Assurance report will be presented to QUEST in July 2016 with the aim of developing this report during 2016/17.

**RESOLVED: That the report be noted.**

#### **16/16 PUTTING THINGS RIGHT INTEGRATED REPORT**

The Director of Quality, Safety and Patient Experience, **CB** introduced the report and advised the Committee that this report was an interim report as the detail will be incorporated into the QuEST quarterly Quality Assurance report from July 2016.

In terms of an update, the Assistant Director of Quality and Nursing **WH**, informed the Committee of key areas within the report. Members were advised of the increase in concerns as a result of the increased emergency pressures across the whole system between January – April 2016 which the team were analysing for themes and trends. Furthermore, **WH** informed the Committee of the ongoing collaboration with Health Boards in examining the increase in Serious Adverse Incidents (SAI)

Members were interested to know what the trends were with Road Traffic Collisions (RTCs). **WH** agreed to provide a detailed breakdown on the trends and themes in terms of RTCs. (Action)

**RESOLVED: That the update be received.**

#### **17/16 WELSH AMBULANCE SERVICES NHS TRUST - ACTION PLAN IN LINE WITH REGULATION 28 REPORT TO PREVENT FUTURE DEATHS - JASMINE RUBY LAPSLEY (DECEASED)**

**WH** presented the report to the Committee advising of the progress made with the WAST action plan in response to the Regulation 28 from the Coroner. .

The Committee debated the timing of the night trial flights in detail and were advised that liaison with the Trust, Commissioner and the CEO of the Welsh Air Ambulance was continuing.

Discussion took place surrounding the additional recruitment of Community First Responders (CFR) and Members were informed that progress had been very positive in North Wales.

**RESOLVED:** That the update and action plan be received.

#### **18/16 PARTNERS IN HEALTHCARE - PATIENT EXPERIENCE HIGHLIGHT REPORT**

The Partners in Healthcare Lead **LH**, introduced the report and focused the Committee's attention to the following areas:

1. Website – this is a key tool for signposting the public with over 4 million web site hits of public accessing the symptom checker during 2015/16
2. Engagement Events – Members of the public on the whole were very pleased but wanted more 'hands on' experiences , e.g. using defibrillators
3. Social Media Campaign – 'Defibuary' (February) – raising people's awareness regarding defibrillators achieved the identification of an additional 150 defibrillators and their locations in the community, reaching over 300,000 members of public.

The Committee were given an overview, following feedback received, on the actions being taken going forward.

**RESOLVED:** That

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

#### **19/16 DRAFT PLANNING, PERFORMANCE MANAGEMENT and PERFORMANCE IMPROVEMENT FRAMEWORK**

The Head of Planning and Performance **HB**, advised Members that the plan was currently undergoing internal scrutiny and feedback was awaited. He provided an overview of the plan commenting that it was an iterative process going forward.

Members considered the plan in further detail and agreed to provide comments and additional feedback to the Head of Planning and Performance. In terms of section 4.4 the Chairman requested that the terminology 'shift left' be reconsidered.

**RESOLVED:** That the report be considered and noted that feedback be provided.

#### **20/16 OPERATIONAL PLAN 2016/17**

The Interim Assistant Director Clinical Contact Centre **AP**, provided the Committee with a detailed explanation in terms of the processes involved and the high level actions undertaken when considering the operational plan going forward.

In terms of escalation plans, **AP** advised that these were consistent across Wales.

**RESOLVED:** That

- (1) the plan be noted; and**
- (2) the amendments to item 12 and 13 on the IPC Operational Plan be agreed.**

#### **21/16 WELSH LANGUAGE SCHEME – ANNUAL REPORT 2015/16**

In presenting the report, the Welsh Language Officer **MH**, informed the Committee that funding for Welsh Translation for the NHS Direct website had been secured for this year from NWIS.

He further added that statistics on the 0845 service originally requested by the Management Team had now been provided.

**RESOLVED: That the report subject to updating the section on funding be approved for submission to the Welsh Language Commissioner.**

## **22/16 IMPROVING/REDUCING RISKS ON PATIENTS WHO FALL**

The Director of Quality, Safety and Patient Experience **CB**, presented the report advising Members of the various schemes in place across Wales aiming to improve the response times to attending patients who have fallen in our communities. Other schemes with the Fire and Rescue service are focusing on falls prevention.

**AP** drew the Committee's attention to the possibility of rerouting callers which related to fallers being transferred to the Manchester Triage System Telephone Triage and Assessment (MTS TTA) Clinician who could assess and allocate an appropriate response. He further informed the Committee of the different methods involved in lifting patients in a safe manner after they had fallen in the community.

**CB** expanded upon the positive impact of using the MTS TTA Clinician which would ultimately reduce conveyance rates to hospitals and the recent update that Cardiff and Vale had received funding to support the purchase of lifting equipment in their nursing homes for patients who have fallen.

Members debated the subject in further detail and were fully supportive of the suggested initiatives going forward.

**RESOLVED: That the implementation of the measures and resources required for the Trust to strive towards achieving prudent care for non-injury fallers be supported.**

## **23/16 SUSTAINABILITY PLAN FOR CONCERNS**

The Assistant Director of Quality and Nursing **WH**, provided an overview of the report and confirmed that responsibility for PTR had been transferred to the Quality, Safety and Patient Experience Directorate from 1 April 2016.

**WH** updated the Committee on the work programme completed for Phase 1 of the concerns improvement plan. Phase 2 is being taken forward following the Concerns planning event held in April 2016, with the aim of ensuring that strategically, a sustained approach when dealing with concerns will be in place from September 2016 to build resilience within the system going forward at times of operational pressures.

**RESOLVED: That the report be received and the Committee be assured that the Trust be fully committed to ensure a sustainable approach to PTR through listening and learning from patient experience.**

## **24/16 PARTNERS IN HEALTHCARE - ANNUAL REVIEW 2015 - 16 CARERS STRATEGY**

The Partners in Healthcare Manager **AJ**, briefed Members on the Carers Strategy annual review and confirmed that funding for the next year had been granted which will support the initiatives planned going forward.

It was suggested by the Chairman that consideration in terms of how the Trust could improve communication with the carers in terms of informing them of the alternate care pathways which would further reduce the need for ambulances and conveyance to hospitals. **AJ** advised that this was being addressed.

**RESOLVED: That**

- (1) the Carers review be approved for release to Welsh Government;**
- (2) future carer's engagement events and reports be included as part of Partners in Healthcare activities with regular reporting be noted; and**
- (3) the statutory responsibilities under the Social Services and Wellbeing Act when delivering its services is linked to work identified within the Health and Care Standards and the IMTP and this should be recognised.**

#### **25/16 POLICY ON THE MANAGEMENT OF COMPENSATION CLAIMS AND STANDARD OPERATING PROCEDURE**

**CB** presented the report adding that the documents were aligned with the current reporting procedures.

Members queried the process involved when dealing with joint claims, i.e. between the Trust and another Health Board; **WH** agreed to investigate the matter and circulate details following the meeting. (Action)

The policies were discussed by the Committee and it was suggested that changes within the policies be tracked and that annual reviews be conducted going forward.

**RESOLVED: That the policy on the Management of Compensation Claims and the Putting Things Right Standard Operating Procedure for the day to day management of compensation claims were received and approved and also were approved to meet the recommendations of the Internal Audit.**

#### **26/16 HEALTH INSPECTORATE WALES – CLINICAL GOVERNANCE REVIEW**

**RESOLVED: That the contents of the review be noted.**

#### **27/16 ANY OTHER BUSINESS**

In terms of the Forward Plan for the Committee, **CB** advised that the dates of future Quest meetings need to be planned to ensure that the quarterly reporting data can be presented to the Committee. This is to ensure that reports being presented to the Committee contain the latest information and therefore should be aligned within the quarterly reporting period.

The Chairman referred to the Clinical Audit Programme and asked that regular updates be provided to this Committee adding that the Audit Committee would receive assurance reports.