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WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 17 February 2022 VIA TEAMS

PRESENT:

Bethan Evans	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance
Hugh Bennett	Assistant Director, Commissioning and Performance
Jonathan Edwards	Assistant Director of Operations
Wendy Herbert	Assistant Director of Quality and Nursing
Peter Hindley	Community Health Council
Lucie Jones	Patient Safety Manager
Gerallt Jones	Health Inspectorate Wales
Alison Kelly	Business and Quality Manager
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Claire Roche	Executive Director of Quality and Nursing
Chris Scott	Internal Audit
Gareth Thomas	Patient Experience and Community Involvement Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

Apologies:

Craig Brown	Trade Union Partner
Leanne Hawker	Head of Patient Experience and Community Involvement.
Brendan Lloyd	Medical Director
Lee Brooks	Director of Operations
Andy Swinburn	Director of Paramedicine

01/22 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone. Attendees were advised that the meeting was being audio recorded. The Chair referred the Committee to Emrys Davies' declaration of interest as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association.

Minutes

The minutes of the meeting held on 16 November 2021 were confirmed as a correct record.

The action log was considered:

Action 16/21: Viability of Community First Responders to administer pain relief. Further update to be provided at 12 May meeting. Action to remain open.

Action 30/21: Patient Experience Diagram to be updated to relating to Andrea's Story. Completed. Action closed.

Action F and P 1/21: QuEST to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. Due to ongoing pressures it was agreed that a revised completion date of 12 May 2022 be given. Action to remain open.

Action 48/21: Update on the Quality Strategy Implementation Action Plan. Item on agenda, action closed.

Action 50/21a: Functionality of symptom checkers on the website: Extension was requested for this action until 12 May 2022. Action to remain open.

Action 50/21b: PECI Highlight report. Further information was contained within the action log regarding the poor response to NEPTS patient experience survey in Cwm Taf. Action closed.

Action 57/21: Quarterly Integrated Performance Report to incorporate a 'deep dive' analysis. On agenda, action closed.

RESOLVED: That

(1) the Minutes of the Open meeting held on 9 September 2021 were confirmed as a correct record;

(2) the standing declarations of Mr Emrys Davies as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association were noted; and

(3) consideration was given to the Action Log as described above.

02/22 PATIENT EXPERIENCE

Gareth Thomas introduced the patient experience which was a video showing Hannah who expressed the anger and distress her and her family endured having heard they would have to wait at least two hours for an ambulance to reach her mother who had suffered a stroke.

On hearing the news that the ambulance would not arrive until at least two hours, members of Hannah's family decided to take her mother to the hospital. At the hospital Hannah's mother was diagnosed with a Transient ischaemic attack, a 'mini stroke'

Fortunately, Hannah's mother was doing well and Hannah added that she would have liked the ambulance to be able to arrive quicker in cases like this.

Gareth Thomas added that the public expectation was that for stroke symptoms an ambulance would arrive quickly. This was a surprise to Hannah when she was told the ambulance would take two hours. At the time of Hannah's call the Trust was experiencing severe delays at the closest Emergency Departments.

Comments:

1. What would happen should a patient not have any other means to take them to hospital? Claire Roche explained that in times of extreme system pressures, when there are no immediate resources available, then a taxi could be arranged to take the patient to the emergency department as it is important for patients to have timely access to treatment. Duncan Robertson added that cases of stroke were in the amber 1 category and gave an overview of the findings from research undertaken by the clinical audit team to improve on scene time. Under normal circumstances the Trust would aim to reach the patient within 20 minutes; however long hospital handover delays have severely jeopardised this.

2. Members expressed concern that the same issues through these stories were being demonstrated with hitherto no improvement to the hospital handover delays. It was a system wide issue and Claire Roche assured the Committee that work was continuing to improve the situation.

3. Wendy Herbert reiterated that the current system wide issue was unprecedented adding that a joint investigation framework had been established with the health boards. It was hoped that working together more effectively would reduce avoidable harm in the community.

4. The Committee recognised that the current system wide pressures and the issues it entailed had been escalated on numerous occasions seemingly to no or little avail. This was of a serious concern to Members.

5. Members thanked Hannah for sharing her experience with the Committee and recognised there were several lessons to be learned going forward from the strong and sobering messages she depicted

RESOLVED: That the patent experience was noted.

03/22 COMMITTEE EFFECTIVENESS REVIEW

1. Prior to the update the Chair gave an overview of the process involved in how the Committee evaluated its effectiveness. The 2020/21 effectiveness review for the Committee included a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Any amendments to Terms of Reference as a result of this process would thereafter be recommended to the Trust Board for approval.

2. Trish Mills further explained that as part of the evaluation process ten questionnaires had been sent out to Members and core attendees of the Quest Committee. Six responses were received and from that, a set of actions and proposed changes were drawn up. Full details of the issues raised and the proposed actions were contained in the report; the questionnaire asked for the responses to include information on what the Committee did well, what it needed to do more of and what it should do less of.

3. The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. The Committee's attention was drawn to the key issues which were illustrated comprehensively within the report and outlined below:

4. Language had been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.

5. The purpose has been revised to summaries the main delegated powers and to reflect the emphasis that will be placed on the Duty of Quality and the Duty of Candour as its implementation in 2023 was being prepared for.

6. Delegated Powers and Authority: This section had been revised to follow the primary areas of responsibility of the committee

7. Membership :Following the Medical Director moving to a part time role from 1 January 2022, the Director of Paramedicine will attend in his place, and a new addition to the attendees was the Director of Digital Services, who was also the Senior Information Risk Officer. The chairs of Sub-committees established by the Committee will also be in attendance.

The Committee noted the priorities going forward for the year 2022/23 which included the remit of the Committee, Membership and attendance, preparing a cycle of business and the setting up of sub-committees to assist the Committee in its discharge of responsibilities.

RESOLVED: That the Committee:

(1) Reviewed and approved changes to Terms of Reference;

(2) Confirmed the proposed actions for issues raised in questionnaire; and

(3) Set priorities for the Committee for 2022/23.

04/22 OPERATIONS CURRENT/FORWARD LOOK

Jonathan Edwards presented the report and drew attention to the following highlights:

1. Pandemic response – the Trust had returned to its response position phase of its pandemic plan. The extension of military support to 31 March 2022 had been approved. Staff abstractions had increased during this reporting period which was partly attributed to the new Omicron variant.

2. Emergency Rule, in response to the increased and sustained pressure on the 999 call handling demand; and following a review of call handling escalation/business continuity plans from other UK ambulance services a proposal was submitted to the Executive Management Team (EMT) to enhance the Trust's Emergency Rule guidance. The International Academy of Emergency Dispatch (IAED) who provided the governance structure for the Medical Priority Despatch System define the

emergency rule as 'designed to be used when a service's call volume suddenly and unexpectedly exceeds the services ability to handle their call volume'. In WAST this guidance meant that when implemented all advice including CPR instructions would be removed from the call handling process, due to the significance of this approach the Emergency Rule had not been implemented, even at times of significant pressures. Following EMT approval on 5 January 2022 a revised approach to Emergency Rule implementation had been agreed which applies the guidance in a phased approach and also reduces the questioning process to the minimum required to achieve a code. This has helped to manage the demand on the 999 system.

3. Emergency Medical Service (EMS), one of the efficiencies and recommendations identified in the 2019 Operational Research in Health report was to review all operational rosters within the EMS function by December 2021. This was designed to improve the safety of patients and the wellbeing of staff and in particular aligning peak production more closely to the daily patient demand pattern. This was supported by a recommendation to increase EMS staffing by 263 Full Time Equivalents to assist with closing the gap that was identified in relation to the capacity for relief working.

4. Ambulance Care (Non-Emergency Patient Transport Service - NEPTS), in September the Trust was awarded additional funding until 31st March 2022 to help continue to support Health Boards as they endeavoured to reduce the backlog of planned care.

5. Integrated Care, recruitment continues to satisfy the demand from the Pandemic and the final roll out of Cardiff and Vale to the NHS 111 Wales programme. A new Interactive Voice Recording system was introduced to the 111 telephone number which was helping to signpost callers to the right destination earlier in their call, prior to speaking to a call handler. In early results, 15% of callers were not remaining on the line to speak with the initial call handler.

Volunteering, following successful recruitment an appointment has been made to the Trust's inaugural National Volunteer Manager position. The new post holder brings with them a wealth of experience from the voluntary sector. Comments:

Clarification was sought on the Emergency Rule process, Jonathan Edwards advised that when the initial call was taken through the MDPS system a number of scripts were followed to arrive at the chief complaint. The average handling time was around 5 – 6 minutes. At times of extreme demand under the ER there was a graduated approach which gave the ability for the call script to be reduced; therefore reducing the average handling time, allowing call handlers to answer more calls.

In respect of calls where a stroke had been categorised, Jonathan Edwards clarified that should there be no other response available, the preference would be to send an Emergency Ambulance, failing that a single Rapid Response Vehicle would be despatched.

RESOLVED: That the update was considered and noted.

05/22 QUALITY STRATEGY PROGRESS REPORT

1. Jonathan Turnbull-Ross presented the report which provided an overview of the progress thus far in the implementation of the Quality Strategy.

2. The Committee's attention was drawn to the following two key actions; the recruitment of the senior quality lead role and the plans in place for that role once filled.

3. In terms of the wider issues concerning implementation of the strategy, workshops with Welsh Government were being held to finalise details and specifics.

4. In addition to the Trust's internal ambitions, the Strategy has been driven by new legislative requirements for health and care organisations in Wales: The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This places legal duties upon the Trust including, the Duty of Quality, the Duty of Candour, and engagement requirements with Wales' Citizen Voice Body.

5. It was anticipated by the spring time that a clearer indication of what the Trust was expected to do to progress the strategy would be clarified; therefore allowing sufficient time for any specific testing of its robustness.

6. In respect of the senior quality lead position, it was the intention that they would link in with clinical quality and local management leads

Comments:

In terms of the quality culture and the quality management systems it was not explicitly documented that there would be continuous service improvement; would it be helpful to more explicit? Jonathan Turnbull-Ross agreed that this should be drawn out more going forward. He added that the quality performance management steering group would discuss and consider areas of continuous improvement as part of their focus going forward.

Quality Performance Management Framework

1. Hugh Bennett reminded the Committee that the Quality & Performance Management Framework laid out an integrated approach to helping the Trust improve the quality of its services and outcomes for patients and achieve its ambitions and objectives by monitoring and improving the performance of people, teams, and the organisation.

2. He explained there were five building blocks which were key to the success of the framework; these were outlined as follows: Setting aspirational objectives, developing a coherent set of performance measures and targets, implementing rigorous assurance, enabling positive ownership and accountability and providing resources and the tools to support individual and team achievement. Hugh Bennett provided a further explanation on each of the building blocks.

3. Members noted that a shadow quality and performance management steering group had been established; at this forum, the local frameworks and strategic partnerships will be discussed.

Comments:

1. Clarity was sought in terms of the metrics and what was to be drawn from them. Hugh Bennett referred to the Monthly Integrated Quality Performance report in which the vital metrics relevant to the Trust were illustrated and contained sufficient indicators for members to receive the appropriate assurance.

2. Members observed that the outcomes and experiences of patients within the measures was an aspiration of Welsh Government as part of the Outcome and Engagement Act; noting it would be important to capture this detail within the framework. Hugh Bennett explained the reasoning of balanced measures whereby

the focus was not primarily on the statistics but would also look at the patient outcomes. Claire Roche added that it was key to capture details of patient outcomes at a local level.

RESOLVED: That the reports were received and considered.

06/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT

The report was presented by Gareth Thomas; the following areas were brought to the Committee's attention

1. The majority of the engagement was conducted online, Shoctober start a heart and also building on community resilience. There was also target engagement working with dementia groups.

2. A lot of engagement with sensory loss groups focusing on sight loss groups and listened to the feedback and this was shared with the Non Emergency Transport Services Team. Going forward it was proposed to conduct an accessibility audit of NEPTS.

3. A recent patient survey had been carried out and the one that provided the most feedback was from NEPTS users. It was concluded that the service provided was generally good.

4. Work was underway with Civica who had been awarded the once for Wales contract for the patient experience and recording system. This will enable the Trust to capture quantitative data more effectively

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5. The Trust continues to encourage and actively promote people to join the Community network and become advocates for the service within their community network. Following on from this the Trust sough feedback through this mechanism on the 111 website. It transpired that the response was poor and lessons have been learned to improve this.

6. Work was ongoing using the network team to provide them with the opportunity to comment, influence and shape the Trust's IMTP in certain areas going forward.

Comments:

1. Engagement on the IMTP, was there an opportunity for Non Executive Directors (NEDs) to attend any of these network sessions. Gareth added that the team was looking into this process and would look to engage the NEDs.

2. Children and young people was themed throughout the report and the Committee saw this was useful as a messaging tool.

3. Wendy Herbert assured the Committee that following feedback from the public, work was continuing to improve the website experience ensuring it was fit for purpose and more user friendly.

4. It was encouraging to see the feedback from the mental health and ethnic minority groups.

5. The Chair drew attention to a minor amendment on page 12 of the report which had

been rectified by Gareth prior to sharing with stakeholders

RESOLVED: That the Committee noted the findings of the report and agreed for the report to be shared with external stakeholders.

07/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch presented the report and provided the highlights from it as follows:

1. Phase one of the risk transformation programme was continuing at pace; the additional assistance of two risk officers in aiding this task would continue until 31 March 2022. Furthermore their work would include a detailed review of the corporate risks focussing on in particular, risks 223, 224, 199, 316 and 160. This would involve as a minimum strengthening the overall articulation, narrative and description of the risks.

2. Work continued on all the risks relevant to the Quest Committee, the detail of which will be reported to the Trust Board at its next meeting.

Comments:

1. Risk 199 – (Compliance with Health and Safety legislation), it was confirmed this would be transferred to the People and Culture Committee.

2. Risk 303 – (Delayed initiation of chest compressions (resuscitation)), clarification was sought on when this risk was last reviewed. Julie Boalch explained that the current datix system does not always automatically update and refresh data; the Committee were assured that this particular risk had recently been reviewed. The Committee also noted that when the new datix system was installed it would automatically update the system on a regular basis.

RESOLVED: That the Committee noted and discussed the contents of the report.

08/22 INTERNAL AUDIT TRACKER REPORT

Julie Boalch took the report as read and explained that the purpose of the report was to provide the Committee with an up to date position in relation to recommendations resulting from Internal and external audit reviews. The Committee's attention was drawn to the following key points:

1. Of the 17 recommendations, 5 have been completed during the reporting period, 7 were not yet due and 5 were overdue. Of the 5 that were overdue, none were rated as a high priority.

2. In respect of the 2 overdue recommendations from the 2019/20 financial year, one related to the Raising Concerns Report, whilst significant progress has been made on the Once for Wales Datix system, it was likely this could be further delayed due to an external issue outside of the Trust's gift.

3. The other overdue recommendation related to the Risk Management report; specifically the Trust's Risk appetite statement, in all likelihood this would require 12 months for it to be completed.

4. In terms of the remaining 3 recommendations shown as overdue from the 20/21 Concerns and Serious Incidents Management and the 21/22 Controlled Drugs review, these were on track to be completed by 31 March 2022.

RESOLVED: That

(1) the Committee noted and considered the contents of the report; and

(2) considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Quest.

09/22 QUARTERLY INTEGRATED QUALITY & PERFORMANCE REPORT and the MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

1. Jonathan Turnbull-Ross informed the Committee that the report provided assurance in line with the specific regulations and standards that aimed to promote a duty of quality and candour across the Trust.

2. He drew attention to the key challenges that the Trust had been focussing on during the last quarter notwithstanding the effects on the service following the emergence of a new variant of Covid-19.

3. Members were updated on the quality improvement focus area noting that a significant amount of strategic planning had been undertaken in order improve overall quality of patient care.

Comments:

1. In respect of the large amount of historic incident records, was there a process to close them off? Jonathan Turnbull-Ross explained that this issue will be considered at Executive Management Team level and a sensible and pragmatic view will be taken to establish a process. In the meantime the records will still be held on the system.

2. The Committee recognised and expressed their concern with the significant amount of Post Production Lost Hours (PPLH) that were not included in the handover delay hours; notwithstanding the ongoing work to resolve the issue. The Chair added that this would be escalated to the Board as part of the Committee's highlight report. Hugh Bennett added that a note of caution should be applied in respect of interpretation of the data as there were other factors affecting PPLH, albeit it was still a very high figure. The Committee held a detailed discussion with regards to understanding PPLH and how this figure would be perceived by the public. Members further expressed their serious concern with the number of potential catastrophic incidents and extreme levels of hand over delays; noting it was system wide issue. It was agreed going forward that the report should provide more clarity in terms of how PPLH was recorded.

MIQPR

1. Hugh Bennett explained that the report contained details for December 2021 and some aspects from January 2022.

2. It was recognised that with military support stopping at the end of March 2022 and with handover levels likely to remain very high, April was going be a challenging month. The underlying message was that the Trust would not be able to offset the level of handover delays.

3. Shift left: The Trust continued to work tirelessly with health boards and other partners to provide the right care closer to home and reduce the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing

hear and treat rates after 999 calls; and the Trust achieved 11.3% in Jan-22, compared to the benchmark of 10.2%.

4. Abstraction levels had decreased in Jan-22, however, they remained very high at 41% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 15% in Jan-22 (benchmark 5.99%). Workforce fatigue was also an issue.
5. Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Jan-22 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels.
6. 111 Clinical response: Whilst the Trust continued to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls, but an improvement in Jan-22.

Comments:

1. Sickness and absence has always been an issue, and it was good to see it was being addressed; noting the pandemic had attributed to the increase.
2. It was suggested that Personal Appraisal Development Reviews should be targeted at 100%, with exceptions where applicable taking into account the disappointing rates of completion.
3. In respect of the Electronic Staff Record (ESR) online learning system, the Committee felt that the system could be improved and be more user friendly.
4. Once the military leave, any comments in terms of the impact? Jonathan Edwards gave an overview in terms of how the military assistance would taper off commenting there would be a transitional period starting from 21 March. The Operations team would factor this in when forecasting the Unit Hours Production in order to maximise productivity over that period.
5. As April was expected to be a very difficult month was there anything NED's could do to support the Trust? The Chair advised this would be escalated to the Trust Chair
6. Was it possible to set a timeline in respect of expected performance trajectory and have a more detailed report on Post Production Lost Hours? Hugh Bennett agreed to consider this for the next report.

RESOLVED: That the Committee noted and discussed the content of the reports.

10/22 QUARTER 3 PATIENT SAFETY REPORT

Wendy Herbert updated the Committee and drew attention to the following points:

1. The volume of 111 calls had increased significantly from the same period last year; in the region of 100,000 more.
2. There had been an increase of calls categorised as red, 11,911 as compared to 7,857 from the last year
3. Concerns and Serious Adverse Incidents (SAI) remained at a high level, particular SAIs.
4. Due to the continued increased demand on the Trust, the capacity of Clinical Contact

Centre staff and 111 staff to carry out welfare checks for extended wait patients remains an ongoing issue. A review of the Welfare Standing Operating Procedure has been undertaken within CCC in order to provide clarity to staff on the process expected of them.

5. The joint working with Clinical Contact Centre and the Quality Directorate, particularly regarding Careline was very positive

6. The 2 day acknowledgement to reply to concerns had significantly dipped; this was due to staff resource

7. In terms of the performance target for a 2 day acknowledgement for formal complaints, this had increased to 70%.

8. Coroner's activity, the number of approaches from Coroners was slightly lower from the same time last year. It was noted however there had been 110 requests received in December

9. 143 incidents had been considered during the reporting period whereby patients had been harmed or it was a catastrophic outcome. 20 of these had been reported under the national incident reporting framework. 79 of the 143 had been passed on to Health Boards as Appendix B cases, all were in relation to timeliness. Of these 61 were in the amber 1 category and patients had waited over 6 hours for a response/care and treatment.

10. The learning from Patient safety incidents continued; a number of clinical alerts had been issued as a result.

Comments:

1. This report illustrated the system wide pressures and in particular the impact on patient safety.

2. The Committee expressed their serious concern with the significant negative figures and agreed that this should be escalated to the Board.

3. Claire Roche advised the Committee of the tripartite meetings with Health Boards occurring on a quarterly basis that ensured they were fully sighted on the issues concerning and impacting on patients. These meetings were extremely helpful and gave the Trust an opportunity to address any issues with alacrity.

4. Following a query in respect of the 79 incidents reported to Health Boards. Members were advised that the information which illustrated a breakdown of incidents by Health Board area was already contained within a graph contained in the report. Claire Roche assured the Committee that the Commissioner received this detail on a regular basis.

5. Further concern was expressed in relation to Immediate Release Requests, noting there were still varying levels of response across different health boards. Could the Trust challenge this at individual Health Boards going forward? Wendy Herbert explained that the Health Board reports contained details of immediate release or decline on an individual health board basis. Jonathan Edwards updated the Committee on the procedure concerning immediate release. The decision to release ambulances at the hospitals was made by the nurses in charge at the time with the rationale for the decision included in the information relayed to each of the Chief Operating Officers for each Health Board area.

RESOLVED: That the report was received for assurance and discussion.

11/22 DEEP DIVE: LOSSES AND SPECIAL PAYMENTS, PERSONAL INJURY

Wendy Herbert gave the Committee an overview of the report and highlighted areas for their attention as follows:

1. The report included details of all personal injury claims, received during 2020 and 2021. This was a total of 38 registered cases. Members should be mindful that some of these cases can take several years to resolve.

2. In terms of themes and trends, needle stick injuries and slips, trips and falls remained the highest number in relation to staff.

3. In 2020 there were 2 patient claims and 21 staff claims and in 2021 there were 3 patient claims and 12 staff claims.

4. The 3 patient injuries claims from 2021 were in relation to NEPTS; this involved the moving of patients to/from the ambulance

Comments:

Jonathan Turnbull-Ross assured the Committee that ongoing work and discussions on specific issues in relation to accidents at work with Trade Union partners continued.

RESOLVED: That the Committee considered the contents of the report.

12/22 EVALUATION OF THE LIVE REVIEW OF RED 999 CALLS BY CLINICAL SUPPORT DESK CLINICIANS

1. Jonathan Edwards explained that the report looked at how the Trust can ensure calls were being accurately prioritised by Clinical Support Desk (CSD) Clinicians by determining if the red priority was appropriate.

2. Between 20 August and 1 November 2021 11,535 Red incidents were recorded. CSD red Review was in operation on 27 days during this period (at various time points) and Clinicians recorded reviews of 471 incidents. The vast majority were appropriately coded. There were 78 calls downgraded to amber 1 and a further 11 were downgraded to amber 2 or green.

3. The chief nature of the complaint of the cases reviewed were in the main related to breathing problems.

4. This review has shown that going forward the CSD will continue to:

    a. Use the red review process and continue to allocate Clinicians to the role during system pressure
    b. Commission Health Information to produce a dedicated downgrade report to evaluate downgraded calls more easily / accurately
    c. Look at EMS Coordination and Response noting they will undertake a focused MPDS audit of Red calls which were downgraded to further inform and alleviate sensitivities in the use of MPDS in the Trust
    d. Review Red activity with the additional information and periodically report on activity and outcomes
    e. And the Senior Operations Team will investigate the option to evaluate the impact that red review has on the Amber and Green pool of calls

Comments:

Had the Trust thought about focusing on the categorisation of ineffective breathing as a major issue? Jonathan Edwards advised that it had been a capacity issue with the CSD to focus on this particular area. As there was now additional resources at the CSD this could be considered and he agreed to arrange for this to be considered further.

RESOLVED: That the report was noted.

13/22 PATIENT EXPERIENCE DRIVER DIAGRAM

RESOLVED: That the diagram was noted.

14/22 KEY MESSAGES TO BOARD

The Chair and Trish Mills would review and finalise this after the meeting and gave a brief overview of the expected content.

1. Red performance
2. Patient safety impacts
3. Patient experience
4. New Terms of Reference had been agreed as part of the Committee effectiveness review.
5. Noting the progress of the Quality strategy
6. Managing the risk from April onwards with the removal of military assistance

RESOLVED: That the Committee noted the update.

15/22 ANY OTHER BUSINESS

As this was the last meeting for Emrys Davies and Claire Roche, they asked for a note of thanks be recorded for all the support received adding it had been a privilege to be part of the Trust's journey.

The Chair thanked both Emrys Davies and Claire Roche for all their contributions and wished them well for the future

Date of Next meeting: 12 May 2022