

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 9 FEBRUARY 2023 VIA TEAMS

**Meeting commenced at
09:30**

PRESENT:

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

IN ATTENDANCE:

Lee Brooks	Executive Director of Operations
Andrew Clement	Partners in Healthcare, Resource Development Coordinator
Mark Harris	Assistant Director of Operations (NEPTS) (Attended for Patient Experience Item)
Nikki Harvey	Head of Safeguarding (joined at 11:15)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Ian James	Trade Union Partner
Alison Kelly	Business and Quality Manager
Dr Brendan Lloyd	Executive Medical Director
Jen Lloyd	Senior Project Manager
Osian Lloyd	Head of Internal Audit
Caroline Miftari	Head of Quality Assurance
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Edward O'Brian	Macmillan Paramedic
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development
Leanne Smith	Interim Director of Digital Services
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Julie Boalch	Head of Risk/Deputy Board Secretary
Colin Dennis	Chair of the Board
Peter Hindley	Community Health Council

001/23 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies had been received from Julie Boalch, Colin Dennis, Peter Hindley, Donna Morgan and Hannah Rowan

Minutes

The Minutes of the meeting held on 10 November 2022 were confirmed as correct record.

Action Log

The action log and the AAA report from the last Quest meeting was considered:

Action 16/21: To provide updates on the viability of Community First Responders (CFR) to administer pain relief. An update was provided by Andy Swinburn; the requisition for Pentrox had been submitted, it was agreed that the action was closed.

Action 36/22b: Update on care home focused improvements. Jonathan Turnbull-Ross informed the Committee that a project was emerging which would improve the use of technology and resources in care homes. He added that this work would be aligned in particular to the 'Further Faster' Welsh Government publication which detailed how to work and liaise with the voluntary sector. Liam Williams added that the Trust was working with the Emergency Ambulance Services Committee (EASC), and other stakeholders to highlight the measures, particularly with regards to falls in care homes being taken. It was agreed for the action to be closed.

Action 54/22: To reproduce a report to give front line staff the assurance that the Trust is a learning organisation and to align it to the ongoing all Wales work on preceptorship and clinical supervision. The update provided on the action log was accepted and the action was closed.

Action 55/22: To present the revised quality strategy implementation plan. Item was on the agenda, action closed.

Action 56/22: To clarify with Health Inspectorate Wales at the Board meeting on 24 November, strategic collaboration and the statement on collaborative working. Action has been completed and was agreed for closure.

Action 57/22: In respect of patient experience calling 999, it was agreed that clarity on the N/A ratings would be included within the next report. An update was provided on the action log, action closed.

Action 59/22: The Trust had recorded 11500 patients with an indication of dementia from the ePCR (electronic Patient Care Record) from 1 April to 8 November (EMS only). Work was ongoing to improve this data collection and an update on this work was requested at the next meeting. The Committee recognised this information was not captured on NEPTS vehicles. An update was provided on the action log, action closed.

The Chair drew the Committee's attention to the contents of the AAA report for their information. In terms of the Audit Wales report, in particular the Structured Assessment

and the area around Non- Executive Director (NED) challenge and scrutiny to Executive Directors. Trish Mills advised that the next Audit Committee will discuss the Structured Assessment in more detail adding that all NEDs were welcome to attend if they so wished.

RESOLVED: That

(1) the Minutes of the Open meeting held on 10 November 2022 were confirmed as a correct record; and

(2) consideration was given to the Action Log and AAA report as described above.

002/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022 -23 Q3

Lee Brooks introduced the Operations Quarterly Report as read, conscious that some colleagues would have already had sight of it; adding that an update had been provided at the last Trust Board meeting.

This had been a very challenging time exacerbated by worsening handover delays and the impact of Industrial Action (IA). The most challenging days for the Trust recently as a result of IA were last Monday and Tuesday, Unit Hours Production stood at 76% and 80% respectively.

The Committee were advised of the Health Ministers statement which was released yesterday and this indicated that a revised offer was being considered by Trade Unions. The Committee were then provided with dates of upcoming IA by Unite; three days commencing on 20 February and GMB; 20 February, 3, 6 and 20 March.

It was pleasing to note that as discussed earlier as part of the action log, that Pentrox will in the near future, be able to be administered by Community First Responders.

Intelligent Routing Platform (IRP). The IRP is an NHS England procured solution that automates some of the manual BT call handling processes for 999 calls. This solution allows for callers on extended waits to have their calls answered more quickly and also should there be a break in telephony, the system automatically diverts to other services. It was noted that the IRP would be available to the four UK nations; however as far as the Trust was concerned it has proven to be problematic. It transpired that the Trust was a far greater importer of activity as opposed to an exporter of activity and equalled to about one fifth of calls being answered for other ambulance trusts. It was therefore decided that to remain on the IRP would be unsustainable and the Trust left it on 19 December following a critical incident. Since then there have been some changes and a number of Trusts who were struggling to manage their 999 capacity have taken steps to improve. In the meantime WAST has carried out a one day pilot of the revised IRP and going forward a one week pilot will be undertaken. The Committee would be updated on progress going forward.

In terms of system pressures handover delays remained extremely problematic, and way above that expected.

Members were updated on the 111 Adastra (software to manage patient journeys) outage incident which it was hoped that whilst the Trust was currently using work around solutions, it would soon return to business as usual.

Comments:

Whilst on the face of it there would be challenges going forward, the Committee welcomed the use of video consultation with patients and asked for further details. Lee Brooks explained that video consultation was available to the Trust through the Emergency Communication Nurse System (ECNS), a remote clinical decision support system, via the Clinical Support Desk (CSD). Initial feedback from staff has been positive. He added that the Trust continued to monitor its use especially with regards to the patient experience.

In terms of the upcoming control room solution the Committee sought further details. Lee Brooks advised that this technology would eventually replace the existing airwave radio technology and would be much more agile. Going forward there was still further testing to be conducted until it is ready to go live.

Clarity was sought on Emergency Medical Dispatcher (EMD) recruitment and retention, particularly around the seemingly high attrition rate, which by and large was staff leaving. Lee Brooks explained that the single biggest loss was due the workplace experience and the associated challenging pressures staff were under; especially advising people that a resource will not be available. These and other pressures clearly have taken their toll on staff.

The Committee noted the improvement in January's performance particularly around the amber median and the reduction in handover delays; and thanked all staff for their ongoing efforts during these unprecedented times of system pressure.

It was queried if other blue light partners would be able to exert any pressure on health boards as a consequence of handover delays under the civil contingencies act. Lee Brooks explained that whilst they were not in a position to assist in creating a medical response, pressure could be applied through the Local Resilience Forum (multi- agency partnership consisting of representatives from local public services and emergency services)

RESOLVED: That the report was received.

003/23 PATIENT EXPERIENCE

Mark Harris provided the Committee with some background information on the WISH ambulance. It was an internally led volunteer service, currently 150, which delivered a service for a final wish to patients who expressed a wish to spend time with their families and/or visit a special place. The wishes were received from palliative clinicians following their consultation with patients.

The Committee were shown a video in which Lisa Taylor told us of the heart-warming experience the WISH team gave to her and her late husband Spencer. The WISH team took Spencer to Saundersfoot beach (a favourite of Spencer's and Lisa's) from Glangwilli Hospital for his birthday, picking him up in an ambulance that was decorated with birthday banners and ensuring a space was cordoned off in front of the beach for the ambulance and for his family members.

On the way back to the hospital the crew surprised Spencer and Lisa by detouring to his home, which Lisa said was particularly special for them all. Lisa told the Committee that it was lovely to enjoy the day without worrying about Spencer's medical needs which were taken care of so well by the WISH team. The whole day was a special memory for them both.

Comments:

The Committee thanked all those involved in making Spencer's last moments such a memorable experience and for all the other end of life experiences. It was queried how staff were selected to take part in these experiences. Edward O'Brian explained that staff applied through their respective Line Manager. After every wish experience a senior manager got in touch with staff to receive their feedback.

The Committee discussed opportunities to draw funds from other organisations and it was agreed that an action would be forwarded to the Charitable Funds Committee to consider funding to support the WISH team going forward.

Members further discussed that whilst the Trust was dealing with the challenges brought on by system pressures, it was uplifting to hear about these experiences.

RESOLVED: That the patient story was noted and recognised that the Charitable Funds Committee would consider opportunities for funding the WISH ambulance.

004/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the Monthly Integrated Performance Report (MIQPR) for December 2022 with the following to note:

1. In terms of the 111 data around clinical triage and how quickly people were called back for P1 calls, the report illustrated a dip in performance to 45% which was incorrect, performance had remained above 90%.
2. There had been an improvement to the consult and close rate which was just under the target of 15%.
3. In terms of Personal Appraisal Development Review (PADR) completion rates, this had improved to just above 85%.

Comments:

In terms of the BT calls being re-routed as discussed earlier in the operations update, and the level of activity, it was questioned whether there was a limit at which point the calls were not re-routed. Lee Brooks explained it was not, as part of the principles to do so; adding that it was a case of how to proactively manage pressure as it continued to build.

Regarding the Immediate Release figures, it was requested that an update be provided, particularly around stroke patients in the amber one category. Lee Brooks gave up to date data which showed that this week, there had been 165 red requests and 383 amber. The majority of reds had been accepted, the position with amber having improved proportionally and has improved significantly.

Liam Williams informed the Committee that whilst the response times to concerns, particularly from the investigative perspective could be better, work was underway to improve this. He added that the staff resource required to listen to the calls and conduct the qualitative and quantitative assessments had not increased. Wendy Herbert provided an overview of the activity involved in ensuring that Putting Things Right staff in the Clinical Contact Centre and Corporate staff were provided with the necessary health and wellbeing accessibility.

In terms of the move from Appendix B reporting to a Joint Investigation Framework, Liam Williams, advised that this move had on the whole seen benefits across the majority of Health Boards.

It was queried whether it was possible to distinguish whether those complaints requiring a response within 30 days were the Trust's sole response, or whether other organisations involved. Wendy Herbert explained the majority related to the Trust and explained the process involved in investigating the complaints.

In respect of the Backlog of National Reportable Incidents (NRI) it was questioned whether this had been reviewed. Liam Williams gave assurance the backlog should be cleared by 31 March 2023 with the Delivery Unit (DU) taking assurance from each Health Board they were being progressed. It was agreed an update on the backlog would be provided at the next Committee meeting.

RESOLVED: The Committee considered the December 2022 Integrated Quality and Performance report and remained concerned on performance, noting that an update will be provided on the NRI backlog at the next meeting.

005/23 PATIENT SAFETY REPORT Q2 2022/23

Wendy Herbert gave an outline of the report and drew the Committee's attention to the following areas, noting that several areas of the report had been discussed in the previous item:

1. There continued to be an increase in the number of concerns being received.
2. The Trust received two Regulation 28 Reports during this period and has responded to all previous reports within the given timescales.

Comments:

It was questioned if there was a correlation with the number of Immediate Release Directives (IRD), and Serious Incidents aligned to Health Boards and discussed at the Serious Case Incident Forum (SCIF). Wendy Herbert agreed to provide information on the number of Joint Investigations linked to IRD's at the next meeting.

In terms of the Joint Investigation Framework the Committee requested that more narrative be drawn out with thematic information, focusing on trends and any themes and impact. Liam Williams agreed this would be contained in reports going forward; noting that the MIQPR would provide the data.

RESOLVED: That the update was received and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust is performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

006/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT (BAF)

Trish Mills explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically risk 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service).

Furthermore, members were asked to note that the actions, which were contained in the July 2022 Board paper on avoidable harm and outlined at the last meeting, were included

in the action section of the BAF for the Trust's highest scoring risks 223 and 224, which are both rated 25.

RESOLVED: The Committee accepted the status of the two corporate risks which it has been assigned to oversee the management of – risks 223, 224. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

007/23 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT

Leanne Hawker outlined several areas within the report and drew the Committee's attention to the following:

1. Disability e-learning module, this was launched as an e-learning module and has helped patients with learning difficulties to access mainstream learning services. This will run alongside proposed developments to the ePCR which will allow staff to capture more information on the adjustments made for people with a learning disability and provide more effective data.
2. An update was given on the patient story tracker, this tracks outcomes of patient stories and was currently being re-designed to align to relevant IMTP priorities and work streams. It also included timelines and highlighted any key themes.
3. Community Health Councils (CHC), The Patient Experience and Community Involvement (PECI) team continue to work with CHC's to identify areas of working together to strengthen the voice of the citizens of Wales.
4. The Committee were updated on the work to improve access to health services for people whose first language was not English. This included a welcome pack, and the opportunity to attend an ethnic community health fair in Cardiff.

Comments:

It was questioned whether information was available when people called 111, and what happened next if they didn't use a primary or secondary healthcare facility. Leanne Hawker advised early information indicated that many people wanted to manage conditions themselves, people were looking for health information that will help their understanding. One of the biggest themes coming through was that people wanted access to information that supported their management and understanding of their condition.

Leanne Smith added that work was underway to consider longer-term to match up patient level data retrospectively, to understand patient flows, and presentation at different points of the system, but this was a longer term piece of work.

It was questioned if there was there a similar group across Wales that met on a regular basis to share information. Leanne Hawker advised that a group did exist and met regularly across Wales and also with colleagues in England and Scotland where information was shared.

In terms of engagement around older people and digital inclusion, it was noted that some health boards had recruited digital inclusion officers; it was asked what the Trust's approach was to digital inclusion. Leanne Hawker commented that the Trust works

closely with local authorities and the older persons' Commissioner. Feedback has shown that the majority of older people still prefer telephone and face to face contact.

Rachel Marsh added that patient experience metrics would be included in the MIQPR albeit in small numbers, and going forward would benefit from more people responding to the surveys. Leanne Hawker advised that work was in progress with the Information Governance team and All Wales Civica, to improve and extend data collection and capture.

Lee Brooks commented on the overall experience of calling 999 and was surprised by the numbers of people who did not receive a response from a clinical advisor. Other thoughts he had were, did they all need a response and could the advice given been better.

Liam Williams summarised the main points from the report, reiterating that the proposed work with Civica, in terms of digital inclusion, would be extremely important. He also drew attention to the work of the PECl team in which they contributed to the service improvement and service development going forward.

RESOLVED: That

- (1) the Committee approved the Highlight Report for release to the NHS Wales Patient Experience Network; Welsh Ambulance Services NHS Trust People & Community Network and external stakeholders; and noted and supported the actions being taken forward; and**
- (2) agreed the proposal to receive this report for information in future and receive a six monthly SBAR focused on the Trusts strategic objectives and clinical transformation agenda.**

008/23 DUTY OF QUALITY/ DUTY OF CANDOUR PREPAREDNESS

Liam Williams advised Members that the report had been adjusted slightly since the first publication on ibabs. These highlighted the outstanding pieces of work from Welsh Government (WG) specifically on guidance and some work on the quality dashboard. The report focusses on the work required for the Trust to be ready for the Duty of Quality and Candour that exist within the Health and Care Standards 2015.

Caroline Miftari advised that the report outlined how prepared the Trust was in its readiness for the Duty of Quality and Candour, and would help inform the baseline assessment for submission to WG. The key discussion points were framed in four key areas; Governance and decision making, quality standards, education and awareness, and the Trust's digital infrastructure.

Jonathan Turnbull-Ross explained that the public launch in April 2023 as legislated was expected to be delayed. Further work was required to determine the requirements such as the process for quality impact assessments and any training and education. He further advised that consultations were coming to a close, whereby it was anticipated that details of more specifics, would emerge.

Comments:

The Committee discussed the importance of recognising that as at 1 April 2023 it will become law and recognised that the Trust has always prided itself on its Duty of Candour.

In terms of any cross border issues the Committee were keen to understand the policy going forward. Jonathon Turnbull-Ross explained that the Trust was still awaiting the statutory guidance for any cross border issues.

Members queried what the risks were in terms of the Act being implemented. Liam Williams confirmed that WG have started to undertake a Red/ Amber/ Green status in terms of organisation's preparedness. He added there were restrictions to the Trust's preparedness which included internal resourcing. In terms of generating an overall risk, this would be worked through with the Board Secretary.

Trish Mills added that a self-assessment had been conducted which looked at the Governance, Leadership and Accountability Standard across the four key areas in which no concerns or areas of non-compliance had arisen.

Members noted that the report concerned implementation of the Trust's quality strategy which was not highlighted in detail in the report; and expressed concern that its implementation was crucial to delivering the Duty of Quality and Candour. The Committee also recognised that Welsh Government had set a baseline position for all Health Bodies to achieve by 1 April, and the Committee were not satisfactorily assured WAST was in a position to meet the baseline requirements at this time. Jonathan Turnbull- Ross assured the Committee that extra resource to implement the strategy had been confirmed and were currently going through the recruitment process. The Committee asked that more clarity be provided on implementation of the strategy at the next meeting.

RESOLVED: That the Committee reviewed the report, considered the next steps and, supported the continued prioritisation of work to ensure appropriate levels of compliance in line with Welsh Government expectations from April 2023.

009/23 COMMITTEE ANNUAL EFFECTIVENESS REVIEW AND ANNUAL REPORT

Trish Mills explained that the Trust's Standing Orders and Committee Terms of Reference (TOR) required that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board Annual report to the Board in May.

There were minimal amendments to the TORs; these would be reviewed again in Quarter 2 to align with the Duty of Quality and Duty of Candour requirements.

Quest effectiveness survey results – this had given rise to several proposed changes which the Committee were shown by way of a presentation as part of the update report.

Comments:

The Committee supported the principle of allotting time on the agenda recognising that the range of topics naturally engendered discussions and finding the right balance of time was challenging.

It was queried whether the recording could be made more available. Trish Mills explained that the recording was for the purpose of minute taking and was not published on the website. Trish Mills agreed to speak to the Chair of the Board to discuss this further.

RESOLVED: The Committee

- (1) Reviewed and approved changes to it's the Committee's Terms of Reference;**
- (2) Confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires;**
- (3) Set priorities for the Committee for 2022/23 which were to continue with the focus on the Duty of Quality and the Duty of Candour; and**
- (4) Approved the annual report at Annex 2, noting it required some further adjustment before receipt by Trust Board**

010/23 WAST ANNUAL SAFEGUARDING REPORT

Nikki Harvey advised the Committee that the Safeguarding Annual Report provided evidence on how the Trust has performed during the 2021-2022 period in relation to safeguarding people in its care.

It aimed to give the Trust Board information on WAST safeguarding activities, engagement and collaborative working with our partner agencies; as well as the necessary assurances that the statutory duties under the relevant safeguarding legislation and guidance were being fulfilled.

The Safeguarding Governance Frameworks have continued to be part of everyday practices within WAST during a continued challenging reporting period. The data evidenced within this year's report demonstrated an increase of 85% in the total number of reports submitted by WAST staff since the initial launch of Doc Works. Doc Works has also enabled front line staff to make any referrals direct to the Fire and Rescue Service. This would include as an example, hoarding and any other fire issues that had been detected at people's homes.

Nikki Harvey explained that the Trust's Annual Training Plan continued to support statutory safeguarding requirements, ensuring that staff were provided with the right level of training, commensurate with their role. This report illustrates compliance of 99% for Level 2 Safeguarding Children and 89% Level 2 adult safeguarding training (target set at 85%) and 89% for Group 1 training as required under the National Training Framework (NTF).

This report also included information on WAST activity generated by its 'Duty to cooperate'. The WAST Safeguarding Team have worked in partnership other agencies as required in all safeguarding activities including: Procedural Response to Unexpected Deaths in Childhood (PRUDiC), Practice and Domestic Homicide Reviews and Safeguarding Strategy Meetings. There has been a noticeable increase in WAST collaborative safeguarding activity associated with core business.

Comments:

The Committee noted that the increased referral was a positive step and that from a public health perspective, referral to the fire service for example was a further positive aspect.

It would be interesting to know what public health Wales does with the information provided by WAST. Nikki Harvey explained that significant information was provided to public health Wales and their feedback and analysis would be included in future reports

Ceri Jackson left meeting at 13:00

RESOLVED: The report was received and noted and it was agreed that it would be reported to the Board as part of the AAA report.

011/23 SUMMARY OF ACTIONS AND DECISIONS MADE, REFLECTIONS AND KEY MESSAGES FOR BOARD

Members agreed it was challenging to keep to the time allocated on the Agenda and that some areas required more exploration than others. Furthermore, it was also noted that the MIQPR and patient safety report overlapped.

The Chair added that she would welcome any further feedback/reflection by e mail.

In terms of any actions the following were raised during the meeting:

1. Operational reports to include an update on the Intelligent Routing Platform pilot.
2. WISH Ambulance to consider options for funding from Charitable Funds.
3. In terms of the MIQPR, to re-look at the report to eliminate duplication of reporting the same detail in the Patient Safety report.
4. With regards to the backlog of National Reportable Incidents - an update was to be provided at the next meeting.
5. Patient safety report, with regards to the Joint Investigations, this should contain details of how many Serious Incidents were linked to Immediate Release Directives being declined and future reports to contain narrative with more thematic information, focusing on trends, themes and impact.
6. Consideration be given to develop an annual report from the PEI team and how to improve the digital inclusion for users and consider how to re-frame the questions for patient surveys to improve feedback.
7. In terms of the duty of quality and duty of candour, a discussion was held regarding risk and it was agreed that a new risk be generated/articulated to consider the impact of the Act.
8. Implementation of the Quality strategy. An update was requested in respect of how this would be delivered in the next report
9. It was agreed that Trish Mills will speak to the Chair of the Board to discuss further the possibilities of extending the Committee meeting recording, significantly the Patient/Staff Story and the ensuing discussion for wider distribution.
10. Future annual safeguarding reports should contain details of the work conducted to influence other organisations and mentioning specific commissioners.

In terms of key messages for the Board this will be drafted by Trish Mills for the Chair's consideration.

RESOLVED: The Committee noted the above.

012/23 ANY OTHER BUSINESS

Date of Next meeting: 11 May 2023

Meeting concluded at 13:20