

DRAFT

ANNEX 1

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, SAFETY AND GOVERNANCE COMMITTEE HELD ON TUESDAY 18 SEPTEMBER 2012 AT VANTAGE POINT HOUSE, CWMBRAN WITH VIDEO CONFERENCING LINKS TO HQ, ST ASAPH AND CONWAY HOUSE, SWANSEA

PRESENT :

Dr K Fitzpatrick	Non Executive Director and Chair
Mr P James	Non Executive Director
Mr J Morgan	Non Executive Director

IN ATTENDANCE:

Mrs K Charters	Staffside Representative (UNISON)
Mr D Cooper	Staffside Representative (GMB)
Mrs V De Zouche	External Auditor (Observer)
Mr C Garner	Information Governance Manager (Minute 39/12 only)
Mrs J Hardisty	Director of Workforce and Organisational Development (OD)
Mr N Heal	Staff Side Representative (RCN)
Dr P Hughes	Medical Director
Mr J Huxley	Assistant Corporate Secretary
Mr C James	Director of Strategy, Planning and Performance (Minute 39/12 only)
Mrs S Jenkins	Director of Service Delivery
Mrs S Jones	Nurse Director
Mrs N Maher	Head of Informatics (Minute 39/12 only)
Mr E Price-Morris	Chief Executive
Mr C Richards	Staff Side Representative (UNISON)
Mrs P Roseblade	Director of Finance and ICT
Mrs D Sharp	Corporate Secretary
Mr R Whitfield	Research and Development Manager
Mrs J Winspear	Head of Concerns and Business Management

APOLOGIES:

Mrs A Evans	Assistant Nurse Director
Miss N Park	Non Executive Director
Mr D Walliker	National ICT Operations Manager

35/12 PROCEDURAL MATTERS

RESOLVED: That

- (1) it be noted that there were no declarations made under the Code of Conduct ;**
- (2) the minutes of the open and closed sessions of the meeting of the Committee held on 26 April 2012 be confirmed as a correct record and the position in relation to the following subject be noted :-**

Doctors Attending Incidents as Community First Responders (CFR)

The Medical Director briefed the Committee on the protocol and individual responsibilities when a doctor attends an incident in the role of a CFR and the requirement to notify the Responsible Officer. It was the responsibility of the doctor to notify the Responsible Officer of the relevant body and if it was a different body than the Trust, the Trust's Responsible Officer would have an oversight role. The discussion widened to cover clinical considerations and the way volunteers in general were managed at incidents. The Director of Workforce and OD advised the Committee that a Volunteer Strategy was to be produced by the end of the current financial year to cover volunteer drivers and CFRs.

It was agreed that when CFRs were appointed, and it was evident that they were a qualified medical doctor, this information must be passed to the Trust's Medical Director and the appointment was formally approved.

- (3) minor amendments be made to the Quality, Safety and Governance questionnaire and the revised version be circulated to the Management Team for appropriate action; and**
- (4) the draft revised Freedom of Information Policy, currently out for consultation, be presented to a future meeting of the Committee.**

36/12 PATIENT STORY

The Medical Director read from a letter he had received from a complainant to the Trust which confirmed the circumstances surrounding the poor service the complainant felt he had received from the Trust. The Medical Director indicated that since the complaint had been received the Trust had been in regular contact with the complainant and all aspects of his complaint had been thoroughly worked through and a better understanding between the parties had been achieved. The complainant and the Trust were keen to use the working relationship to discuss how lessons could be learnt from the experience and

care improved for patients who had similar medical needs.

RESOLVED: That the details of this particular patient experience and the be noted and the complainant be invited to a future meeting of the Trust Board to share views as to how improved care could be delivered in similar circumstances.

37/12 CLINICAL RESEARCH PRESENTATION

The Research and Development Manager briefed the Committee on the research and development function within the Trust and outlined the importance of research to the development of policy and other initiatives. As part of this item of business, the Medical Director briefed the Committee on the current position with the production of the Clinical Strategy. It was reported that a draft of the Strategy was to be discussed at the meeting of the Management Team on 27 September 2012 and therefore should be available for consideration by this Committee at its next meeting.

RESOLVED: That

- (1) the presentation on the Research and Development function within the Trust be noted;**
- (2) progress with the production of the Clinical Strategy be noted and the final draft of the document be presented to the next meeting of the Committee; and**
- (3) following consideration of the Strategy by the Management Team, the document be circulated to all members of the Committee to give them an opportunity to comment on it before the next meeting of the Committee.**

38/12 CONCERNS

(a) Annual Report 2011/12

RESOLVED: That due to the lateness of presenting the Annual Report to the Committee, consideration of the Report be deferred until the next meeting of the Committee.

(b) Concerns Position Update

RESOLVED: That

- (1) the contents of the report be received;**
- (2) the ongoing work in relation to identifying themes and trends be supported; and**
- (3) the report to the next meeting of the Committee include progress on**

the key deliverables in relation to Concerns in addition to any compliments and positive feedback.

39/12 INFORMATION GOVERNANCE REVIEW AGAINST THE CPIP STANDARD IN ADVANCE OF THE ICO AUDIT

The Committee considered a report which provided an update on the existing Information Governance (IG) arrangements and set out a number of recommendations which aimed to improve the position in advance of the Information Commissioner's Office (ICO) consensual audit in February 2013.

The report listed the following recommendations which the Committee was asked to endorse:-

a) IG Assurance Arrangements

Recommendation 1: The Director of Strategy, Planning and Performance takes on the role of Senior Information Risk Owner (SIRO). This recommendation was based on the individual's current role in relation to Information Management and Governance, overview of organisational operations and activity through performance and their knowledge and skills in relation to risk management.

Recommendation 2: A formal Working Group was to be reinstated as soon as possible for Information Governance, Health Informatics and ICT work programmes. It would be chaired by the SIRO (Director of Strategy, Planning and Performance) and supported by the Director of Finance and ICT and the Caldicott Guardian, who would be quorate members, given the importance of this work.

The Committee did however acknowledge that it might be more appropriate for the Chairmanship of the Group to rotate whilst balancing this against ensuring continuous momentum and direction. It was agreed that the Chairmanship of the Group should be a matter for Executive determination.

The Committee also noted the potential practical difficulties with regard to the nominated quorate members and therefore the terms of reference for the Group would need to be drafted with some flexibility.

Recommendation 3: The Committee route for IG and ICT matters was undertaken through two primary committee mechanisms:

- Strategic Planning Committee: any strategic development issues i.e. business cases and funding requirements; and
- Quality, Safety and Governance (QSG) Committee: any ICT or Informatics governance or security issues.

The identification of the appropriate Committee to report to would be the responsibility of the appropriate director and the Caldicott Guardian.

b) IG Performance

Recommendation 4: The Committee formally note the continuous improvement in the area of Information Governance from 2009 to present and acknowledge the requirement of a planned programme of work to become compliant.

Recommendation 5: In addition to the regular Caldicott updates already in place, a formal IG performance reporting cycle be developed for the next 24 months that dovetailed with recommendations 1 and 2. As an immediate step, the following reporting cycle was proposed for the annual CPIP assessment:-

September	:	Annual CPIP Assessment Complete
October	:	Management Team/IG Working Group
November	:	Quality, Safety and Governance Committee
December-March	:	Trust Board

c) ICO Audit

Recommendation 6: The Committee supports and recommends the action plan of the pending audit, ensuring that resources required to fulfil the action plan are provided.

Recommendation 7: A feasibility study for a support system to distribute policies and procedural documents to staff whilst being able to capture compliance and/or acceptance of the content be conducted.

RESOLVED: That

- (1) the contents of the report be noted;**
- (2) the recommendations set out above be approved, with specific reference to recommendation 2 and this Working Group to be established as soon as possible;**
- (3) progress in implementing the recommendations, together with performance against the IG agenda, be reported to future meetings of the Committee;**
- (4) the annual CPIP assessment be presented to the next meeting of the Committee and a summary progress report be submitted to each future meeting of the Committee; and**
- (5) the Director of Strategy, Planning and Performance ensure that the Corporate Risk Register reflects the current position with regard to the Information Governance risks facing the Trust.**

40/12 PARTNERS IN HEALTHCARE (PIH) ANNUAL REVIEW 2011-12

RESOLVED:

That the work undertaken by the PIH team be acknowledged and the need to strengthen this work to integrate it more into the Trust's plans be supported, in particular the importance of being able to demonstrate and measure patient experiences and how service change is evidenced as a result.

41/12 INFECTION PREVENTION AND CONTROL (IP&C) ANNUAL REPORT 2011/12

RESOLVED: That

- (1) IP&C be added to the Trust's Performance Scorecard;**
- (2) a standardised list of cleaning products be produced as soon as possible;**
- (3) the IP&C Lead meet regularly with the Heads of Services and discuss any improvements required to support IP&C requirements in their locality;**
- (4) a Hand Hygiene audit be completed by March 2013;**
- (5) an approach be made to the Air Ambulance Service to offer support with IP&C; and**
- (6) minor amendments be made to the Annual Report, as suggested by the Committee, and the revised version be received by the Trust Board at its meeting on 18 October 2012.**

42/12 UPDATE ON THE DIRECTORATE STANDARDS FOR HEALTH IMPROVEMENT PLAN

RESOLVED: That

- (1) an extension of the timescale for completion for the action relating to Standard 13b, Infection Prevention and Control (IP&C) and Decontamination, be agreed;**
- (2) the progress of the Medical and Clinical Services Directorate Standards for Health Improvement Plan be noted; and**
- (3) the progress of the improvement plans in relation to Standard 2 – Equality, Diversity and Human Rights (Safeguarding) and Standard 12 – Environment be noted and an update on progress with these**

two Standards be presented to the next meeting of the Committee on 6 November 2012.

43/12 **REVISION OF THE HEALTH AND SAFETY POLICY AND THE RISK MANAGEMENT POLICY - UPDATE**

RESOLVED: That

- (1) the revised draft Health and Safety Policy be withdrawn pending further consultation;**
- (2) the state of progress in the development of a revised Risk Management Policy be noted and that a revised draft be presented at a subsequent meeting of the Committee; and**
- (3) the situation with regard to the development of the Controls Assurance Framework be noted and that a revised draft be considered at a subsequent meeting of 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