

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 6 NOVEMBER 2012 AT VANTAGE POINT HOUSE, CWMBRAN WITH VIDEO CONFERENCING LINKS TO HQ, ST ASAPH.

#### PRESENT :

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

#### EXECUTIVE/ ASSOCIATE DIRECTORS:

Mrs J Hardisty	Director of Workforce and Organisational Development (OD)
Mrs S Jenkins	Director of Service Delivery

#### IN ATTENDANCE:

Mrs R Beaumont-Wood	Head of Safeguarding
Mr D Cooper	Staffside Representative (GMB)
Mr S Fletcher	Non Executive Director and Chairman of the Board
Mrs J Hamer	Senior Nurse (Infection Prevention & Control)
Mr N Heal	Staff Side Representative (RCN)
Mr J Huxley	Assistant Corporate Secretary
Mr A Jenkins	Consultant Paramedic
Mr M Jose	Staffside Representative (UNISON)
Mr R Lee	Head of Clinical Services
Mrs N Maher	Head of Informatics (Minute /12 only)
Mrs D Sharp	Corporate Secretary
Mr R Whitfield	Research and Development Manager
Mrs J Winspear	Head of Concerns and Business Management

#### APOLOGIES:

Mrs K Charters	Staffside Representative (UNISON)
Mrs A Evans	Assistant Nurse Director
Dr P Hughes	Medical Director
Mrs S Jones	Nurse Director
Miss N Park	Non Executive Director

**MEMBERS OF THE  
PUBLIC:**

Mrs P Hall

**44/12 PROCEDURAL MATTERS**

**RESOLVED: That**

**(1) it be noted that there were no declarations made under the Code of Conduct ;**

**(2) the minutes of the meeting of the Committee held on 18 September 2012 be confirmed as a correct record;**

**(3) the resignation of Mr Chris Richards as a union steward for UNISON and therefore his place as a member of the Committee, be noted, and that a nomination for his replacement would be finalised in due course;**

**(4) the current position with regard to the Health and Safety Policy, Risk Management Policy and the Freedom of Information Policy, as described in the report, be noted;**

**(5) the updates in the report in relation to the Standards for Health actions for equality and diversity and environment be noted;**

**(6) (a) the draft Annual Business Plan for the Committee be received and all directorate representatives be invited to add any items of business to the Plan; and**

**(b) those items which are of a legislative nature and which the Committee is statutorily required to receive be included in future versions of the Plan; and**

**(7) it be noted that there were no items of business identified to be referred to the Audit Committee for more detailed consideration and analysis.**

**45/12 PATIENT STORY**

The Consultant Paramedic outlined the circumstances experienced by a patient who had suffered a heart attack and commented on the events surrounding the patient's visit to the General Practitioner and the calling of an ambulance to convey the patient to hospital.

The patient was taken to a specialist hospital at which a Primary Percutaneous Coronary Intervention (PPCI) technique was performed to restore the bloodflow following which the patient was discharged from hospital 48 hours later. This action clearly improved the outcome and quality of patient care, reduced reliance on extended hospital treatment and reduced the need for secondary

transfers. The challenges for the Trust arising out of this case were discussed, namely education in using the service wisely, the implications with regard to the time taken to transport patients to hospitals with the specialist skills and the funding arrangements associated with taking such action.

**RESOLVED: That the position and implications arising from the patient story be noted.**

#### **46/12 CLINICAL STRATEGY**

The Consultant Paramedic introduced the latest version of the Clinical Strategy and reported that further discussion about it was necessary before it could be finalised. Members noted that it was currently a high level strategy and that it was essential for it to be underpinned by relevant action plans to confirm how it was to be delivered.

**RESOLVED:**

**That progress with the Clinical Strategy be supported and action plans to deliver the strategy be developed as quickly as possible.**

#### **47/12 QUALITY DELIVERY PLAN (QDP)**

The Consultant Paramedic introduced the initiative launched by the Minister for Health and Social Services in May of this year to produce a Quality Delivery Plan to ensure that the services provided by the Trust meet the needs of the public and achieve high quality standards.

It was confirmed that the production of the Quality Delivery Plan would be undertaken in tandem with the arrangements for the Standards for Health Services Improvement Plan/Self Assessment, Minute 48/12 below refers.

**RESOLVED:**

**That the current position regarding the development of the Quality Delivery Plan be noted.**

#### **48/12 STANDARDS FOR HEALTH SERVICES (SHS)**

The Executive Management Team had clarified that the production of the QDP and the SHS Improvement Plan/Self Assessment would be co-ordinated within the Medical Directorate. The SHS documentation had to be signed off by 15 March 2013 and, in order to meet this deadline, the draft document needed to be available by the end of December 2012, with a final report to the Quality, Safety and Governance Committee at its next meeting on 6 February 2013.

The development of the process would be steered by a Scrutiny Panel which would have to meet in mid January 2013. The role and membership of the Panel was briefing discussed and it was agreed to hold a meeting of the likely members of the Panel to consider these matters further.

**RESOLVED: That**

**(1) the arrangements as outlined in the Minute be agreed;**

**(2) senior managers within the Medical Directorate consider the arrangements to hold a briefing meeting with appropriate Managers on the QDP and SHS processes; and**

**(3) the following persons be required to hold a meeting to discuss, in more detail, the role and membership of the Scrutiny Panel and arrange its first meeting by no later than mid January 2013:-**

**(a) Chairmen of the Quality, Safety and Governance and the Strategic Planning Committees;**

**(b) Mr J Morgan (Non Executive Director); and**

**(c) the Directors of Finance and ICT, Service Delivery, the Consultant Paramedic and the Corporate Secretary.**

**49/12 UPDATE ON THE RECOMMENDATIONS FROM THE APPRECIATIVE INQUIRY IN RELATION TO STATUTORY AND MANDATORY TRAINING (SaM)**

The Committee had received a report following the completion of an Appreciative Inquiry in June of this year into SaM training, within which there were six recommendations. The Director of Workforce and OD provided the Committee with an update on progress in relation to the six areas.

**RESOLVED:**

**That the ongoing development in SaM training across the Trust be supported.**

**50/12 UPDATE REGARDING WELSH AMBULANCE SERVICES NHS TRUST (WAST) PARAMEDIC AND EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

Along with all NHS employers, the Trust must provide CPD opportunities for all staff. Achieving an effective balance between delivery and quality offers significant challenges that must be addressed. The Director of Workforce and OD introduced a report which provided an update on a pilot method of delivery and programme content, both inside and outside of a classroom setting, that aimed to address these challenges in the most cost-effective and efficient way. The approach would provide significant improvements to the quality assurance mechanisms that existed and would reduce the impact on service delivery.

The Committee welcomed the progress that had been made and discussed the range of options available to deliver the training, including the location and necessary equipment.

**RESOLVED:**

**That the recommendations stated in the report be approved.**

**51/12 CONCERNS**

**(a) Concerns Annual Report 2011/12**

In considering the draft Annual Report, members suggested a number of amendments regarding the presentation of the Report, including whether the report's introduction should be written by the Chief Executive or Medical Director. Also, further information and context was suggested in relation to Adverse Incidents and to explain the meaning behind some of the percentages stated in the report.

**RESOLVED: That**

**(1) the Trust's annual report on Concerns for 2011/12 be received and the Executive Management Team be asked to review the presentation of the information along the lines suggested above; and**

**(2) subject to (1) above, the Board be recommended to approve it at its next meeting on 13 December 2012, after which it will be published on the Trust's website, and intranet, as required by the regulations.**

**(b) Welsh Risk Pool Services Assessment of Concerns and Compensation Claims Management**

In considering the report, members focussed upon the identification that there was little organisational learning being carried out within the Trust on Concerns. The Head of Concerns and Business Management explained the steps being taken to establish a central administration team which would be tasked to undertake follow up work and identify trends and themes. Also, it was suggested that progress had been made with regard to learning but it needed to become part of 'business as usual' rather than being treated as a separate entity.

**RESOLVED: That the action listed in the report be supported.**

**(c) Concerns Update**

**RESOLVED: That**

**(1) the report be received;**

**(2) the ongoing work in relation to identifying themes and trends be supported; and**

**(3) the words in red under item 6 of the trends and themes action plan be re-written to clarify the precise meaning of the paragraph.**

#### **(d) Service User Experience Survey**

In considering the findings of the survey, members advised that the Trust needed to look at the results in detail and suggested that the improvements that were reported earlier in the meeting would help to improve the position. The Committee was made aware that the results from this type of survey needed careful analysis in order to extract accurate conclusions and this point was reinforced by the need to ensure that the Trust linked into the All Wales patient experience work. Members were reminded that future surveys should include a child friendly version of the questionnaire.

#### **RECOMMENDED:**

**That the report be received and the proposed actions referred to in the report be supported.**

#### **52/12 IMPROVING THE INFORMATION GOVERNANCE ARRANGEMENTS WITHIN THE WELSH AMBULANCE SERVICES TRUST**

At its previous meeting, the Committee had considered a number of recommendations with regard to Information Governance arrangements which aimed to improve the position in advance of the Information Commissioner's Office (ICO) consensual audit in February 2013.

The Head of Informatics introduced a follow up report which outlined progress in relation to each of the seven recommendations. Members welcomed the progress in this area and made a number of points for consideration by the ICT/Health Informatics (HI) Strategic Development Group.

#### **RESOLVED: That**

**(1) the contents of the report be noted; and**

**(2) the Annual C-PIP assessment be referred to a future meeting of the Trust Board for endorsement.**

#### **53/12 INFECTON PREVENTION AND CONTROL (IP&C) HELATH INSPECTORATE WALES (HIW) – ACTION PLAN**

#### **RESOLVED: That**

**(1) the Action Plan produced in response to the findings of the HIW Report be supported, subject to further consideration by the Executive Management Team with regard to the Trust's responsibilities and priorities for cleaning environments;**

**(2) it be noted that discussions within the directorate will be held to define the ownership of actions within the HIW Action Plan and a robust monitoring mechanism developed which is pivotal to ensure compliance;**

(3) an updated Action Plan be circulated to HIW every 3 months for the Trust to evidence and assure HIW that progress against time scales is being made;

(4) on-going Vehicle and Station audits be maintained and compliance reports be provided every 3 months against the original concerns raised by HIW, including an updated Action Plan;

(5) compliance with set standards with regards to on-line Vehicle and Station audit tool be reviewed;

(6) further discussion be held about the provision of forming a dedicated Infection Prevention & Control Team to take this work forward; and

(7) a progress report be submitted to each future meeting of the Committee.

**54/12 WELSH LANGUAGE COMMISSIONER'S RESPONSE TO WELSH LANGUAGE SCHEME ANNUAL REPORT 2011/12**

**RESOLVED:**

**That the Welsh Language Commissioner's response to the Trust's Annual Report on implementation of the Welsh Language Scheme 2011-12, be accepted.**

**No items of business were identified for discussion in the Closed Session of the meeting.**

**Reports relating to the items of business in these minutes can be found on the Trust's website, [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**