

DRAFT

WELSH AMBULANCE SERVICES NHS TRUST

**MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY,
SAFETY AND GOVERNANCE COMMITTEE HELD ON TUESDAY
23 APRIL 2013 AT VANTAGE POINT HOUSE, CWMBRAN WITH VIDEO
CONFERENCING LINKS TO HQ, ST ASAPH, WREXHAM AMBULANCE
STATION AND CONWAY HOUSE, SWANSEA.**

PRESENT :

Dr K Fitzpatrick	Non Executive Director and Chair
Mr D Evans	Non Executive Director (substituting for Mr J Morgan)
Mr P James	Non Executive Director

**EXECUTIVE/
ASSOCIATE
DIRECTORS:**

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

IN ATTENDANCE:

Mrs A Evans	Assistant Nurse Director
Mrs J Hamer	Senior Nurse (Infection Prevention & Control)
Mr S Owen	Corporate Governance Officer
Mrs D Sharp	Corporate Secretary
Mrs J Winspear	Head of Concerns and Business Management

OBSERVERS:

Mrs J Davies	Patient Safety Advisor and Head of Clinical Governance Support and Development Unit, NHS Wales (left meeting after minute 23)
Dr C Jones	Medical Director NHS Wales (left meeting after minute 23)

APOLOGIES:

Mr R Lee	Head of Clinical Services
Mr J Morgan	Non Executive Director
Mrs C Powell	Nursing Quality & Clinical Practice Lead

The Chairman opened the meeting by welcoming Dr Chris Jones and Mrs Janet Davies who were attending the meeting as part of a programme of attendance at all Quality Committees within NHS Wales.

The Committee noted that staffside representatives were not in attendance at the meeting.

13/13 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 1 March 2013 be confirmed as a correct record;

(3) the plan of business for the Committee be received; and

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

14/13 MATTERS ARISING FROM ACTION LOG

The Corporate Secretary referred to the Trust's draft Freedom of Information policy which, it was intended should be presented to Committee for consideration at its next meeting.

Furthermore, the Corporate Secretary brought to the Committee's attention the Corporate Risk register which was now available on the Trust's Intranet. Directorate Risk registers were soon to be available on the Intranet for review enabling members to identify any specifics for further detailed discussion at the meeting.

The Director of Workforce and Organisational Development commented on the issues of safeguarding and how the Trust was to liaise with safeguarding children and advise Boards in the future and confirmed that this would be discussed shortly by the Management Team prior to presentation to this Committee on 18 June 2013.

The Committee was asked to give some thought on the contents of the Quality, Safety and Governance Committee Annual Report 2012/13 and forward any comments to the Corporate Secretary prior to the next meeting.

RESOLVED:

That the actions be completed by the deadlines mentioned.

15/13 PATIENT STORY

The Medical Director outlined an obstetrics case and the events surrounding the call in the Powys area. The patient was very keen to acknowledge the care afforded to both her and her baby and praised very highly the crew and the call

taker who were involved in the incident.

The emergency call had been received from a remote area in Powys. The crew had arrived at the caller's address in a timely manner and had quickly determined that delivery was imminent. The baby had been delivered within 10 minutes of the crew's arrival and both mother and baby had been transferred to the University Hospital of Wales in Cardiff.

The positive feedback in this particular case had resulted in greater awareness of examples like this within the Trust which had been reflected in the new Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. The Medical Director concluded his update by sharing with the Committee the contents of the patient's letter of thanks.

RESOLVED: That the patient experience be noted.

16/13 PHASE 1 ROAD MAP ON THE CLINICAL STRATEGY

The Medical Director gave an overview of the progress thus far on the implementation of the Clinical Strategy. He pointed out five key areas for which action plans are to be delivered:

- control, clinical hub and AMPDS;
- clinical practice;
- benchmarking and tracking progress;
- clinical leadership; and
- standardised practice delivered reliably.

It was anticipated that, by the time of the next Quality, Safety and Governance Committee meeting on 18 June 2013, advancement would have been achieved within some of these key areas.

Dr Chris Jones commented that he saw this as an exciting strategy, albeit with its inherent challenges and offered his support in taking this forward.

RESOLVED: That the update and current position of the Clinical Strategy be received and noted.

17/13 FRANCIS REPORT – RECOMMENDATIONS RELEVANT TO THE TRUST

The Corporate Secretary updated the Committee on the progress in terms of the Trust's response to the 'Francis report'.

RESOLVED: That the update be received.

18/13 PATIENT AND PUBLIC ENGAGEMENT/SERVICES USER EXPERIENCE

The Assistant Nurse Director provided the Committee with an updated report. The Committee noted the proposal with regard to the establishment of a Patient/Service User Experience Project Group and the draft Terms of Reference associated with that group, which were shortly due to be formally ratified by the Management Team.

RESOLVED: That

- (1) the contents of the report be agreed;**
- (2) the establishment of a Quality and Patient/Service User Experience Project Group be supported; and**
- (3) the draft Terms of Reference document be represented to the Committee following sign off by the Management Team.**

19/13 STANDARDS FOR HEALTH SERVICES (SHS)

The Corporate Secretary appraised the Committee on the work hitherto involved in concluding the current self assessment process across departments together with the Board level Governance and Accountability module. In considering these standards, consultation had been progressed through a Board development day and a Scutiny Panel. Finalisation of the assessment scores was being settled by Management Team with input from Board Members and Chairs of Committees prior to submission to Internal Audit.

20/13 RESOLVED: That

- (1) the ongoing work involved in concluding this year's self assessment process be noted; and**
- (2) the action plan arising from the Board Effectiveness self assessment be maintained by this Committee following presentation to the Board.**

21/13 ANNUAL EQUALITY REPORT – YEAR ONE

RESOLVED: That the Trust Board be recommended to approve the Annual Equality Report.

WELLBEING POLICIES

The Director of Workforce and Organisational Development updated the Committee on the Wellbeing policies that were to be presented to the Trust Board for approval.

RESOLVED: That the policies listed below be submitted to the Trust Board for approval and subsequent publication and roll out across the Trust:-

- (1) Employee Wellbeing Policy and Guidelines;**
- (2) Alcohol and Substance Misuse Policy;**
- (3) Smoke Free Policy;**
- (4) Promoting Mental Health and Wellbeing, a policy for Staff;**
- (5) Domestic Abuse Policy for Staff; and**

(6) Display Screen Equipment Policy and Procedure.

22/13 INFECTION PREVENTION AND CONTROL, ANNUAL REPORT 2012/13

The Committee was presented with the Infection Prevention and Control Annual Report. The key achievements stated within the report had, jointly, reduced the number of infections considerably.

RESOLVED:

That the Trust Board be recommended to approve the report subject to minor adjustments with regard to finances associated with station cleaning arrangements.

23/13 CONCERNS

(a) Concerns Update

The Committee were updated on the ongoing work involved in improving the current situation with regard to complaints handling.

The Head of Concerns and Business Management informed the Committee of the positive actions taken to improve the overall complaints process and the continual progress in clearing the backlog. The appointment of Investigation Supervising Officers had contributed to this improvement.

It was also brought to the attention of the Committee that there had been a significant improvement in the standard of the resolution letters presented for signature.

(b) Serious Adverse Incidents

The Committee discussed the trends and themes for Adverse Incidents highlighting that hospital delays were continuing to be a factor in the number of incidents reported. Given the current level of handover delays it was acknowledged that there was a balance to be achieved in respect of the level of reporting. Of key importance was ensuring the trends, themes and lessons learnt were being identified and acted upon.

RESOLVED: That

- (1) the report be received;**
- (2) the Committee continues to receive updates in the management of complaints; and**
- (3) updates on progress within the six areas for concerns service improvement are given to the Committee.**

24/13 WELSH RISK POOL SERVICES ASSESSMENT

The Head of Concerns and Business Management advised the Committee of the process involved when the Welsh Risk Pool carried out an assessment of the Trust's Concerns and Compensation claims management standard.

RESOLVED: That

- (1) the report be received; and**
- (2) the Board be recommended to receive an update following the assessment on 10 May 2013.**

25/13 WELSH LANGUAGE SCHEME ANNUAL REPORT 2012/13

RESOLVED:

That the report be recommended for approval by the Board for submission to the Welsh Language Commissioner.

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk