WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 25 FEBRUARY 2016 AT VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Emrys Davies	Non Executive Director and Chairman	**ED**
Professor Kevin Davies	Non Executive Director	**KD**
James Mycroft	Non Executive Director (Via Audio)	**JM**
Martin Woodford	Non Executive Director	**MW**

DIRECTORS:

Claire Bevan	Director of Quality, Safety and Patient Experience	**CB**
Richard Lee	Director of Operations (Interim)	**RL**

IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance	**HB**
Hannah Evans	Director of Planning and Performance (Interim)	**HE**
Mike Jenkins	Paramedic Quality and Clinical Practice Lead/Advanced Paramedic Practitioner	**MJ**
Nick Morgan	Staff Side Representative	**NM**
Steve Owen	Corporate Governance Officer (VC St Asaph)	**SO**
Jane Palin	Senior Nurse Quality & Clinical Practice Lead	**JP**

APOLOGIES

Keith Cox	Board Secretary
Wendy Herbert	Assistant Director of Quality and Nursing

01/16 PROCEDURAL MATTERS

RESOLVED: That the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE be noted.

02/16 SERIOUS ADVERSE INCIDENTS (SAI's)

The Paramedic Quality and Clinical Practice Lead/Advanced Paramedic Practitioner **MJ**, presented the report and updated the Committee in terms of the current situation and advised that it was consistent with last year. MJ added that there appeared to be a direct correlation with hospital handover times and SAI's.

The Committee held a detailed discussion which included the root causes of the issues raised with regard to hospital handover delays. Furthermore, the Committee endorsed the following comments as expressed by Non Executive Director James Mycroft:

The Trust continued to do everything, in terms of escalation, that was expected in response to the SAI levels and the impact of hospital delays. That said, the Trust needed to make very sure that it didn’t fall into the trap of letting the staff think that all was lost due to hospital delays, and therefore there was "no point" in doing the root cause analysis etc. on SAIs that might actually have nothing to do with timeliness.

In terms of accountability and the closure of concerns, the Committee debated these issues at great length and were advised that an action plan had been implemented to address this.

RESOLVED: That the report be noted.