

DRAFT

WELSH AMBULANCE SERVICES NHS TRUST

**MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY,
SAFETY AND GOVERNANCE COMMITTEE HELD ON FRIDAY
1 MARCH 2013 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 S Castledine	Non Executive Director (substituting for Mr P James)
Mr J Morgan	Non Executive Director

**EXECUTIVE/
ASSOCIATE
DIRECTORS:**

Mrs J Hardisty	Director of Workforce and Organisational Development (OD)
Dr P Hughes	Medical Director (Up to Minute 03/13)
Mrs S Jenkins	Director of Service Delivery

IN ATTENDANCE:

Mrs R Beaumont-Wood	Head of Safeguarding
Mr T Eckley	National Risk and Health and Safety Manager
Mrs A Evans	Assistant Nurse Director (Minute 08/13 only)
Mr J Huxley	Assistant Corporate Secretary
Mrs S Jones	Nurse Director
Mr R Lee	Head of Clinical Services
Mrs N Maher	Head of Informatics (Minute 09/13 only)
Mr S Owen	Corporate Governance Officer
Mrs C Powell	Nursing Quality & Clinical Practice Lead (Minute 06/13 only)
Mrs J Winspear	Head of Concerns and Business Management (Minute 07/13 only)

APOLOGIES:

Mr P James	Non Executive Director
Mr A Jenkins	Consultant Paramedic
Mrs D Sharp	Corporate Secretary

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

01/13 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 6 November 2012 be confirmed as a correct record;

(3) the appointment of Mr M Jose as the Staffside representative on the Committee for UNISON in place of Mr Chris Richards be noted;

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

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

02/13 PATIENT EXPERIENCE

The Medical Director informed the Committee that the patient experience did not involve a single patient on this occasion but all patients in terms of the clinical care they received from the Trust. Consequently, it was inextricably linked to the following item of business concerning the Trust's Clinical Strategy.

RESOLVED: That it be noted that the patient experience on this occasion is covered as part of the next item about the Clinical Strategy.

03/13 CLINICAL STRATEGY

The Medical Director introduced the Clinical Strategy as the beginning of a process whereby the Trust could fundamentally change the approach to the way clinical care was provided but at the same time meeting the requirements of 'Working Together for Success' and the Annual Delivery Plan. The philosophy surrounding the approach was contained in the Strategy which focussed on patients, their experiences and clinical leadership at every level within the Trust, towards the goal of improving the quality of services.

The Committee understood the emphasis that had been placed within the Strategy on a clinical lead organisation but, at this stage, wanted further information on the practical consequences of moving in that direction and to undertake more detailed discussion on the next steps in the process.

RESOLVED: That

(1) the Board be recommended to adopt the Clinical Strategy as a high

level document and a statement of intent;

(2) the Board be asked to delegate the responsibility to the Medical Director to commence the debate about how to move the organisation into adopting a clinical leadership approach; and

(3) the Board be recommended to devote the first in a series of Board Development sessions to discussing the philosophy and next steps around the Strategy as soon as possible.

04/13 UPDATE ON DRAFT CARERS STRATEGY (WALES) MEASURE

RESOLVED: That

(1) the update and current position of the Trust on the draft Carers Strategy (Wales) measure, be noted;

(2) the Chairman of the Trust Board be asked to nominate a Trust Carer's Champion for approval by the Board;

(3) the Strategy be recommended to the Board for approval, and the Committee be authorised to sign off the final version at a future meeting following confirmation by WG officials that the strategy has been accepted; and

(4) the Committee agreed to receive regular reports to future meetings to ensure that the actions emanating from the Strategy are monitored and followed up.

05/13 UPDATE ON KEY SAFEGUARDING ISSUES

The Committee discussed all elements of the report but focussed on the need to reconsider the Trust's nominated lead and contact with Safeguarding and Adults Boards, due to the new role of the Head of Safeguarding, and also the position with regard to employees not being able to be accompanied by a solicitor at meetings involving safeguarding matters.

RESOLVED: That

(1) the revised *Safeguarding the Welfare of Children Operational Guidance and Procedure*, be approved;

(2) (a) the Serious Case Review Trust action plan, be noted but an options paper be presented to the Management Team to decide how the Trust was to link with Safeguarding and Adults Boards in the future; and

(b) the proposals and recommendations of the Management Team be presented to the Committee at the time of the Safeguarding Policy review;

(3) the request of the Welsh Government in complying with training

requirements for Safeguarding Children as per the Aylward review, be noted;

(4) the Safeguarding Operational Group Minutes, be received; and

(5) (a) the Trust Board be recommended to approve the Safeguarding Children and/or Vulnerable Adults Policy – When an allegation/concern is raised about an Employee or Volunteer; and

(b) the Head of Safeguarding be asked to circulate a briefing note to all members of the Committee explaining the context within which an employee cannot be represented by a solicitor in relation to safeguarding matters.

06/13 STANDARDS FOR HEALTH SERVICES (SHS)

RESOLVED: That

(1) the arrangements proposed in the report to facilitate the self assessment process be endorsed; and

(2) it be noted that a final report will be presented to the next meeting of the Committee on 23 April 2013.

07/13 CONCERNS

(a) Adverse Incident/Hazard Reporting Investigating and Learning Policy Update

RESOLVED: That

(1) the updated Policy be received; and

(2) the Trust Board be recommended to approve the amended Policy and following any final minor amendments by the Clinical Reference Group, the updated Policy be placed on the Trust's intranet and circulated to all managers.

(b) Concerns Update

RESOLVED: That

(1) the contents of the report, be received;

(2) as the Trust continues to develop and improve the overall management of complaints, it is proposed that the Committee continues to receive an update;

(3) the Committee continues to receive an update in relation to identifying and addressing trends and themes; and

(4) the Head of Concerns and Business Management be asked to investigate the reasons why there seemed to be an increase in the number of PCS incidents in March during the last two years.

08/13 HEALTH INSPECTORATE WALES (HIW) UNANNOUNCED CLEANLINESS SPOT CHECK ACTION PLAN UPDATE

The Committee recognised that there was still more work to be done following HIW'S inspection and the cleanliness of stations was one area for particular attention. It was confirmed that, now the costs had been identified, it would be part of next year's budget discussion.

RESOLVED:

(1) the updated action plan be approved and sent to HIW but the Assistant Nurse Director be asked to check that the correct version of the plan is used; and

(2) it be noted that the next action plan will be submitted to the Committee and HIW in May of this year.

09/13 IMPROVING INFORMATION GOVERNANCE AND SECURITY WITHIN THE WELSH AMBULANCE SERVICES TRUST

RESOLVED: That

(1) the contents of the report be noted;

(2) the recommendations set out in sections 30-34 of the report, be supported; and

(3) progress in implementing the recommendations, together with performance against the IG agenda, be reported to future meetings of the Committee.

10/13 CLINICAL REFERENCE GROUP UPDATE

RESOLVED: That

(1) the report be received;

(2) it be noted that a new role of Urgent Care Assistant has replaced the former HDS staff role and a revised job description has been designed; and

(3) the Head of Clinical Services circulate a briefing note to all members of the Committee on the role of the CRG and also note that further development of the Group is planned during 2013.

11/13 POLICIES FOR APPROVAL BY THE BOARD

(a) Revised Risk Management Policy – February 2013

RESOLVED: That

(1) the revised Risk Management Policy be recommended for submission to the Board, subject to the inclusion of the Nurse Director and Director of Service Delivery in paragraph 3.2; and

(2) further consideration be given by the Management Team as to how the Committee can most effectively and efficiently carry out its function of periodically reviewing the Directorate, Departmental and Functional Risk Registers, including the escalation of risks to the Corporate Risk Register.

(b) Revised Health and Safety Policy

RESOLVED:

That the revised draft Health and Safety Policy be recommended for approval by the Trust Board at its meeting on 14 March 2013.

12/13 VIOLENCE AND AGGRESSION UPDATE REPORT – JANUARY 2013

RESOLVED: That

(1) the report be noted; and

(2) the Violence and Aggression Working Group be asked to discuss the feasibility of the Trust undertaking private prosecutions in cases when the Crown Prosecution Service decides not to proceed.

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