

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 3 DECEMBER 2015 AT VANTAGE POINT HOUSE, CWMBRAN WITH A VIDEO LINK TO HQ ST ASAPH

MEETING WAS NOT QUORATE

PRESENT :

Emrys Davies	Non Executive Director and Chairman	ED
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DIRECTORS:

Dr Brendan Lloyd	Medical Director	BL
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IN ATTENDANCE:

Hugh Bennett	Head of Planning and Performance	HB
Keith Cox	Board Secretary	KC
Leanne Hawker	Partners in Healthcare Lead	LH
Mike Jenkins	Paramedic Quality and Clinical Practice Lead/ Advanced Paramedic Practitioner	MJ
Nick Morgan	Staff Side Representative	NM
Steve Owen	Corporate Governance Officer (Via VC St Asaph)	SO
Jane Palin	Senior Nurse Quality & Clinical Practice Lead	JP

OBSERVERS

Sarah Jones	Head of Corporate Intelligence and Development (Health Inspectorate Wales)
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APOLOGIES

Professor Kevin Davies	Non Executive Director
Nigel Heal	Staff Side Representative
Wendy Herbert	Assistant Director of Quality and Nursing
James Mycroft	Non Executive Director
Martin Woodford	Non Executive Director

56/15 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and confirmed that the meeting was not quorate, therefore no formal decisions could be made. He also advised those attending that the meeting was being audio recorded.

Minutes

Minute 53/15 – Infection Prevention Control. It was agreed that further wording be provided by **JP** to strengthen its content.

Action Log

The Action Log was considered by the Committee.

The Partners in Healthcare Lead updated the Committee on No: 5 - previous Patient Story information.

The Head of Planning and Performance updated the Committee in terms of the Local Delivery Plans (Action No: 2) and confirmed that a more detailed report would be provided at the next meeting.

RESOLVED: That

- (1) the Minutes of the meeting held on 22 October 2015 be deferred for consideration at the next meeting of the Committee;**
- (2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE be noted; and**
- (3) the Action Log be recommended for consideration at the next meeting.**

57/15 PATIENT STORY

The Partners in Healthcare Lead introduced the story to the Committee which concerned a gentleman called Damian who had cerebral palsy and was a regular user of the Trust's Patient Care Service. Due to his condition, Damian required 24/7 care.

The Committee were shown a video of Damian who reflected upon certain dignity issues he had encountered whilst using the service. He also commented upon the challenges faced as certain ambulance vehicles did not cater for his carer to be sat next to him when making the journey to hospital.

The Committee were informed that this story has been used to facilitate the introduction of a social model to address the issues raised by Damian. Members discussed at length the challenges faced by the Trust concerning disabled patients both in terms of communication and transport.

It was suggested following further debate, that the Medical Director referred the issues discussed to the Executive Management Team for their consideration going forward.

RESOLVED: That the patient story be noted.

58/15 INTEGRATED PERFORMANCE REPORT

The Chairman advised that the report had been presented at Trust Board on 27 November 2015 and was to be taken as read.

RESOLVED: That the report be noted.

59/15 100 DAY IMPROVEMENT PLAN FOR PUTTING THINGS RIGHT REPORT

The Senior Nurse Quality & Clinical Practice Lead provided the Committee with an overview of the report which had been presented to Trust Board on 27 November 2015.

RESOLVED: That the monthly report on Concerns for information and monitoring purposes be noted.

60/15 ORGANISATIONAL LEARNING GROUP (OLG) UPDATE

An update was provided by the Medical Director who informed the Committee of the six key areas, determined by priority, which the OLG was taking forward:

- EMS Vehicle allocation
- EMS call handling
- Moving and Handling
- Road Traffic Collisions
- PCS Service User Experience
- OLF Model

RESOLVED: That the proposed direction of travel for Organisational Learning within the Trust be noted.

61/15 CLINICAL AUDIT AND EFFECTIVENESS PROGRAMME

The Medical Director provided the Committee with a summary update of the Clinical Audit and Effectiveness Programme and explained how topics were selected for audit.

The Chairman sought clarity in terms of the lessons being learned through the audit process and how these were being communicated. The Medical Director explained the process and advised that clinical bulletins were circulated to staff. In terms of going forward, **MJ** informed the Committee of ongoing work which would enable, once completed, for the Trust to be aware that staff had acknowledged the receipt of clinical bulletins.

RESOLVED: That the update be noted.

62/15 MEDICINES MANAGEMENT ANNUAL REPORT and UPDATED MEDICINES MANAGEMENT POLICY

Members were given an overview of both the annual report and the updated Medicines Management policy by the Medical Director.

RESOLVED: That

- (1) the updates be noted;**
- (2) the Committee support the introduction of the updated Medicines Management policy; and**
- (3) a note of thanks be recorded to the team involved in the production of the annual report.**

63/15 PROFESSIONAL REGISTRATION FOR NURSES AND PARAMEDICS

The Senior Nurse Quality & Clinical Practice Lead and the Medical Director provided the Committee with the necessary assurance that the Trust's process for professional registration was robust and gave a brief overview with regard to the registration of Nurses and Paramedics respectively.

An in depth discussion was held by the Committee which considered how registration was being recorded and monitored with a significant focus on how to keep the Computer Aided Despatch updated with registration information. It was agreed that the Head of Planning and Performance would coordinate and capture the required information going forward.

RESOLVED: That the reports be noted.

64/15 PARTNERS IN HEALTHCARE PATIENT EXPERIENCE HIGHLIGHT REPORT

The Partners in Healthcare Lead presented the report and drew the Committee's attention to the following areas of significance which were expanded upon in further detail:

- NHS Direct Wales website
- Various engagement events
- The Disability People's Manifesto for Wales
- Choose Well campaign

RESOLVED: That

- (1) the release of the report to Welsh Government and NHS Colleagues be supported;**
- (2) the response to the Disabled Peoples Manifesto be supported; and**
- (3) Mr Emrys Davies, subject to the approval of the Chairman of the Board, be identified as the Non Executive member of the Trust's Sensory Loss Implementation Group be supported.**

65/15 NHS WALES SAFEGUARDING CHILDREN SELF ASSESSMENT QUALITY OUTCOMES FRAMEWORK

The Senior Nurse Quality & Clinical Practice Lead delivered the report to the Committee advising it of the process the Trust was required to follow in terms of the completion and submission of the NHS Wales Safeguarding Children Self Assessment Quality Outcomes Framework.

RESOLVED: That the submission of the Self Assessment Framework to the Safeguarding Children Service, Public Health Wales on 27 November 2015 be supported.

66/15 ITEMS FOR NOTING

RESOLVED: The NHS Wales Health Boards Governance report be noted.

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