

APPENDIX

DRAFT

WELSH AMBULANCE SERVICES NHS TRUST

**MINUTES OF THE OPEN MEETING OF THE QUALITY, SAFETY AND
GOVERNANCE COMMITTEE HELD ON TUESDAY 10
MAY 2011 AT VANTAGE POINT HOUSE, BOARD ROOM, HQ, ST ASAPH AND
CONWY HOUSE, SWANSEA**

PRESENT :

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

IN ATTENDANCE:

Mrs R Beaumont - Wood	Head of Safeguarding
Ms K Charters	Staff Side Representative (UNISON)
Mr T Eckley	National Risk and Health and Safety Manager
Mrs A Evans	Assistant Nurse Director
Mr S Fletcher	Non Executive Director and Chairman of the Board (Observer)
Mrs J Hardisty	Director of Workforce and OD
Mr N Heal	Staff Side Representative (RCN)
Mr A Jenkins	Assistant Clinical Director / Consultant Paramedic
Mr R John	Staff Side Representative (UNITE)
Mrs C Jones	PA to Corporate Secretary
Mrs S Jones	Clinical Director
Mr R Lee	Regional Director, Central & West
Mrs D Sharp	Corporate Secretary
Mr N Waskett	Medical Advisor *

*not present for the whole meeting

APOLOGIES:

Mr S Castledine	Non Executive Director
Mr M Graham	Community Health Councils Representative
Mr D Jones-Morris	Interim Director of EMS

17/11 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 2011 be confirmed as a correct record subject to the following:-

(a) Minutes 47/10 (c), 60/10 and 01/11 (3) (a) – RRV SOP

The Clinical Director reported on behalf of the Interim Director of EMS, that a Task and Finish Group had been established to review the SOP. The Group were due to meet again on 18 May to finalise changes to the document. The revised SOP would be reported to the next meeting of the Committee.

Interim
Director EMS

(b) Minute 11/11 – Concerns

Amended to Clinical Directorate instead of the initial AJ within the action column; and

(3) the advice received from the Audit Committee in relation to the referral of business to that Committee for analysis be noted and the Audit Committee be asked to give further consideration to expanding on that advice.

The Chair requested that even if subject matters were to be reported on orally at the meeting, a covering report should still be included within the agenda at the time of despatch. It was also stressed that reports should be provided in a timely manner to meet the timescales of agenda despatch in order to ensure Committee business could be properly addressed during the meeting.

18/11 PATIENT EXPERIENCE

This item was withdrawn and would be considered at the July meeting of the Trust Board.

19/11 ANNUAL PLAN OF BUSINESS

The Clinical Directorate submitted a proposed Annual Plan of business to which minor adjustments were proposed. The Chair emphasised the need for all directorates to complete their plans prior to the next meeting, to provide a more comprehensive plan of business. It was noted that the annual plan was a dynamic document which would be presented at each meeting as an appendix to 'Procedural Matters'.

RESOLVED: That

(1) the annual plan of business be noted; and

(2) all Directorates complete their plan of business prior to the next meeting of the Committee.

20/11 STATUTORY AND MANDATORY TRAINING

The Director of Workforce and OD presented a report outlining the definition of Statutory and Mandatory training. The Patient Safety Panel had considered the matter and had concluded that new ways of delivering CPD were required to ensure maximum and efficient use of allocated time. It was a recommendation that pre-learning materials be made available to staff via the Trust intranet providing that the topic lent itself to this method. It was proposed to pilot this with the Violence and Aggression refresher for Paramedics this year by asking the attendees to complete the workbook in advance of the session which would then reduce the time thereby facilitating more time for the mandatory clinical updates required.

In light of the comments outlined above, the Trust now had the ability to deliver the two day CPD programme which could include the Statutory and Mandatory and Clinical elements, thus negating the need for additional time to cover off the required topics.

There was a need for ICT to map out the requirements in order to implement e-learning and would be followed up with the ICT department.

Following a detailed discussion regarding monitoring compliance and the ability of Clinical Team Leaders (CTL's) and Locality Ambulance Officers (LAO's) to meet all requirements within their area, it was felt appropriate for a form of appreciative enquiry to be undertaken to examine the reality at a number of locations.

RESOLVED: That

(1) the advice of the Patient Safety and Safeguarding Panel with regard to proposals for new ways of delivering Continuous Professional Development (CPD), as detailed above, be approved;

Director of W
&OD

(2) an appreciative enquiry as outlined above be undertaken; and

Director of
W&OD

(3) the Director of Workforce and OD liaise with the Director of ICT in respect of ICT equipment available/accessible to support e-learning processes.

Director of
W&OD

21/11 RISK MANAGEMENT ARRANGEMENTS

The Committee gave further consideration to the Risk Management Framework and in particular, the review of departmental Risk Registers by the various level three panels together with the escalation process via the Management Team to this Committee.

RESOLVED: That

(1) the Framework be supported; and

(2) further consideration be given to the proposed framework together with the Corporate Risk Register at the next meeting.

National Risk
Manager (TE)

22/11 UNIFORM PROCUREMENT AND DRESS CODE UPDATE

The Committee received a progress report and gave consideration to a Draft Trust Dress Code Policy incorporating the guidance issued by the Welsh Assembly Government last year.

Concern was expressed that the policy had not been considered by the National Health and Safety Committee and this would need to be addressed before being put forward to Trust Board for adoption.

RESOLVED: That

(1) the content of the report and the Dress Code Policy be noted and referred to members of the National Health and Safety Committee to provide feedback directly to the Regional Director;

National Risk
Manager (TE)

(2) the policy subsequently be submitted to this Committee prior to the Trust Board for approval.

Director of
EMS/
Regional
Director C&W

23/11 STATION AUDIT ACTION PLAN

The Regional Director Central and West presented action plans for all three regions following audits undertaken at ambulance stations across the Trust.

RESOLVED: That

(1) a further report be presented to the next meeting of the Committee bringing together the three regional plans into one composite report incorporating key risks as part of the overall operational risk register; and

Dir. Of EMS/
Regional
Director C&W

(2) costs associated with corrective action to be identified clearly within the revised report.

Dir of EMS/
Regional
Director C&W

24/11 CLINICAL DEVELOPMENTS/ ANNUAL REVIEW

The Committee received a report updating on the key strands of work going forward and provided an overview of clinical developments for 2010/11 including work of the Clinical Governance Committee throughout the year.

From a patient care perspective, the key priorities for the Trust moving forward would be the measured delivery of the Clinical Directorate Business Plan feeding into the Annual Plan which would include the Putting Things Right training for all grades of managers and Investigating Officers and the continuation of the monitoring of themes and trends from Serious Adverse Incidents (SAI's) and Adverse Incidents (AI's) and improved reporting against the agreed clinical performance indicators which were now in place.

A job description and person specification had been prepared in readiness for staff side input to further develop the role of the Clinician/Paramedic in control which would in turn form part of the Care Bundles initiatives both one and three feeding into the Trust's operational plan.

The Clinical Director was now the executive sponsor for the progression of the Electronic Patient Record Project, supported by a Project Lead. An executive visit to the Scottish Ambulance Service was planned for 13 May 2011 to review the 'in house' system that had been developed.

A new cardiac arrest data form had been developed, supported by an underpinning document which would need to progress to the ratification stage, in order for the Trust to accurately and meaningfully report on the Return of Spontaneous Circulation (ROSC) outcomes.

RESOLVED: That the contents of the report be noted and the proposed next steps as outlined above be endorsed.

Clinical
Director (SJ)

25/11 CONCERNS UPDATE

The report updated the Committee on current performance around managing concerns and progress made in line with the Trust's action plan relating to "Putting Things Right".

The Committee requested a further detailed breakdown of trends/themes to include the overall outstanding number of complaints and their age together with information and trends on accolades, in addition to a paper setting out the key risks relating to the IRP, Ombudsman and Coroner cases.

RESOLVED: That a further more detailed report be brought to

Asst.

the next meeting of the Committee incorporating trends, themes and key risks relating to IRP, Ombudsman and Coroner cases, as outlined above;

CD/Consultant
Paramedic

26/11 SAFEGUARDING REPORT

The Head of Safeguarding presented a report on key issues with regard to “The rights of children and young people” measure. The Patient Safety and Safeguarding Panel had considered this report at its meeting on 6 April and had noted that this convention was now statutory.

RESOLVED: That

(1) the report be received and the recommendations of the Panel, as set out above, be noted;

(2) the Children in Special Circumstances Policy be recommended for adoption by the Trust Board in July 2011;

(3) the Head of Safeguarding be the named person for Children’s Complaints; and

(4) the requirements for Independent Advocacy for Children to be provided by LHB’s with no cost to the Trust (as per the Ministerial letter dated 2 March 2011) be noted.

Clinical
Director/
Head of
Safeguarding
(RBW)

27/11 CRB CHECKS

This item was withdrawn pending presentation of a revised report at the next meeting setting out the Trust’s current compliance.

Director of
Workforce and
OD

28/11 OCCUPATIONAL HEALTH CONTRACT

The Director of Workforce and OD briefed the Committee orally on the latest position on progress on the Occupational Health contract. This was now being progressed with input from occupational health nurses and reframed to take it forward as part of the Corporate Health Standard in the context of health and wellbeing.

RESOLVED: That the ongoing progress be noted.

29/11 EQUALITY AND HUMAN RIGHTS

It was noted that the meeting of the Equality and Human Rights Task and Finish Group, scheduled for 6 May, had been postponed and was

due to be rescheduled in the near future.

RESOLVED: That an update be provided following the rescheduled meeting.

30/11 STANDARDS FOR HEALTH SERVICES

The Corporate Secretary submitted the completed self assessment for Modular 1 – Governance and Accountability, and Standard 22 – Managing Risk and Health & Safety, and Standard 23 – Dealing with Concerns and Managing Incidents, which support the Statement of Internal Control. The documents incorporated feedback from the Board Development Workshop on 14 April and also subsequent feedback via e mail. It was noted that internal audit had reviewed the self assessment and their comments were presented to the Committee.

The Committee were also asked to note that at the end of the year the Trust had achieved **96%** of its stated actions in the 2010/11 improvement plan.

RESOLVED: That

(1) the proposed self assessment as circulated be endorsed;

(2) these be circulated to Audit Committee members for comment prior to sign off by Chairman's Action; and

(3) the excellent achievement of the Trust in achieving 96% of its stated actions in the 2010/11 improvement plan be noted.

Corporate
Secretary

31/11 IMPLEMENTATION OF THE NHS WALES CODE OF CONDUCT FOR HEALTH SUPPORT WORKERS

NHS Wales, via the Health Minister and the Welsh Partnership Forum, had agreed a code of conduct for Health Care Support Workers and a supporting Code of Practice for NHS Wales employers. It is a requirement that both Codes were adopted across NHS Wales with immediate effect.

The Trust had developed and had started implementing a plan to ensure that the codes were properly embedded across the workforce.

The Trust was in further discussion regarding the implementation plan which was being taken forward in partnership with Staff side groups.

RESOLVED: That

(1) the draft implementation plan be noted;

(2) the impact that the codes should have on service modernisation and the employer responsibilities contained within the Codes be understood; and

(3) action be taken to embed the codes in line with the draft implementation plan once further discussions have taken place with staff side.

Director of
Workforce and
OD

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