

DRAFT

ANNEX

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY,
SAFETY AND GOVERNANCE COMMITTEE HELD ON TUESDAY 13
DECEMBER 2011 AT VANTAGE POINT HOUSE, CWMBRAN AND VC FROM
THE MEETING ROOM, CEFN COED AND HQ, ST ASAPH.

PRESENT :

Mr J Morgan	Non Executive Director and Chair
Mr S Castledine	Non Executive Director
Mr P James	Non Executive Director

IN ATTENDANCE:

Ms R Beaumont - Wood	Head of Safeguarding (Minute 64/11 only)
Mr D Cooper	Staff Side Representative (GMB)
Ms A Evans	Associate Nurse Director
Mr C Garner	Information Governance Officer
Mrs T Gaskell	Claims Manager
Mr M Graham	Community Health Council Representative
Dr P Hughes	Medical Director (Called away from the meeting after item 1)
Mr J Huxley	Assistant Corporate Secretary
Mrs J Jeyes	HR Manager
Ms S Jones	Clinical Director (Called away from the meeting after item 1)
Mrs S Jones	Welsh Language Officer
Mrs N Maher	Head of Informatics
Mrs D Sharp	Corporate Secretary

APOLOGIES:

Dr K Fitzpatrick	Non Executive Director
Mrs J Hardisty	Director of Workforce and OD
Mr D Jackland	Director of ICT and Estates
Mr A Jenkins	Consultant Paramedic
Mr R John	Staff Side Representative (UNITE)

58/11 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 9 August 2011 be confirmed as a correct record, subject to the following action:-

Minute 41/11 – Safeguarding Children and Adults – Compliance with CRB

An action plan be drawn up for consideration at the next meeting of the Committee in addition to figures to illustrate the anticipated cost of completing retrospective CRB checks.

(3) the revised guidance and advice from the Audit Committee in relation to the referral of business for analysis and scrutiny, be noted.

59/11 ANNUAL CLAIMS REPORT – 1 APRIL 2010 TO 31 MARCH 2011

In considering the Annual Claims Report, the Committee discussed the need for assurance and advanced notice of any claim, either personal injury or clinical negligence, so that the Committee, and ultimately the Trust Board, would be aware of what was in the system and about those cases that could result in significant public interest. The Committee agreed to explore the format and content of future reports to the Committee to achieve the objective.

RESOLVED: That

(1) the Annual Claims Report for the period 1 April 2010 to 31 March 2011 be acknowledged and recommended for approval at the meeting of the Trust Board on 26 January 2012;

(2) the Committee receive regular reports on personal injury claims that are likely to result in substantial financial settlements, including an indication as to when they are likely to be finalised;

(3) a report be presented to the Committee bi-annually outlining the position with regard to clinical negligence claims including the views and advice of the Patient Safety and Safeguarding Panel on these claims; and

(4) further discussion be held between the Clinical Director and Concerns staff and the Corporate Secretary with regard to how this information should be presented.

60/11 ATTENDANCE MANAGEMENT – PRESENTATION OF DATA

The Director of Workforce and OD presented an report on attendance

management and confirmed that the Trust was now placing greater emphasis on attendance rather than sickness and that future reports would focus on this change and produce data in a different way. The report explained how this was to be done.

The Committee welcomed the shift in emphasis and requested more detail in future reports to include how problems were being addressed, what was the impact on the Trust of poor attendance, the need for trend analysis of the data to be included and also to highlight positive points that were emerging from the data.

RESOLVED: That

(1) attendance management data be presented to the Committee and Trust Board on a quarterly basis, as outlined in Annex 1 to this report, as part of the quarterly update on the Health and Wellbeing action plan;

(2) Annex 2 containing Welsh Ambulance Service Trust (WAST) data be presented to the Committee and Trust Board on an annual basis, as part of the year end revision of the Health and Wellbeing action plan; and

(3) the information to be provided, as described in (1) and (2) above, also include comparative data with other ambulance trusts and Local Health Boards in addition to an explanation of the financial impact behind the non attendance data.

61/11 INFORMATION SHARING PROCEDURE FOR CALL RECORDINGS

The Head of Informatics presented a procedure to improve the governance arrangements around the handling of all call recordings. In considering the report, members expressed the view that the document needed to make it clear to staff that recordings could not be sent out without prior authorisation and how did this process compare with other circumstances when information is being requested. Also, the process with regard to obtaining consent needed to be cross referenced with that relating to complaints and further discussions were required in this respect.

RESOLVED: That

(1) the procedure to increase governance surrounding the downloading and handling of call recordings, be approved, subject to the procedure being revised in the light of the comments made above; and

(2) the procedure be distributed to staff as soon as possible in consultation with the Trust's Communications Manager on the most effective method of implementation/distribution.

62/11 1000 LIVESPLUS/PATIENT SAFETY REPORT

RESOLVED:

That the contents of the report be noted.

63/11 STANDARDS FOR HEALTH UPDATE

RESOLVED: That

(1) the update on the arrangements to complete the Standards for Health self assessment, including the proposal to adopt an integrated approach to the process, be noted;

(2) the concern expressed regarding the ability of EMS and PCS to undertake the exercise within the required timescale be referred to the Management Team for consideration; and

(3) it be noted that the draft self assessment will be submitted to the next meeting of the Committee in February 2012.

64/11 SAFEGUARDING

In considering the Policy for Managing Requests for Non Operational Public Activities and/or Events, the Committee supported the policy but raised the issue of CRB checks and the need for these to be undertaken before staff attended an event.

The Committee also had a detailed discussion on the current position with the action plan and the provision of training in the Flintshire area.

RESOLVED: That

(1) the Policy for *Managing Requests for Non Operational Public Activities and/or Events* be supported for the approval of the Trust Board on 26 January 2012;

(2) the initial briefing on a pilot of the draft Safeguarding Supervision Framework be noted;

(3) the Flintshire Safeguarding Board Serious Case Review/WAST action plan be formally signed off but to include confirmation of what training has occurred in the Flintshire area and an assurance that the Trust is looking hard to address future action;

(4) as part of the Appreciative Inquiry work previously commissioned by the Committee, detailed information be included with regard to statutory/mandatory training in relation to safeguarding and how 'untouched groups' could be managed,

including volunteers/Community First Responders; and

(5) in relation to this paper, and all other Committee papers, the Committee requests the attendance of all appropriate officers at meetings of the Committee to provide advice on individual reports, particularly if the subject matter covers more than one directorate.

65/11 CONCERNS UPDATE

RESOLVED: That

(1) a meeting be held between Non Executive Directors and Concerns staff to discuss data collection and comparative data;

(2) statistics in all future reports to Committee should normally include all complaints, both written and verbal; and

(3) a summary listing be presented to the Committee, as part of the overall Concerns report, giving a brief commentary of all of the Ombudsman and Serious Adverse Incident cases that are currently within the system.

66/11 CLINICAL DIRECTORATE RISK REGISTER

RESOLVED:

That the content of the risk register be noted.

67/11 RISK AND ASSURANCE FRAMEWORK – CORPORATE RISK REGISTER

RESOLVED: That

(1) the latest version of the Corporate Risk Register, as at November 201,1 be noted;

(2) the further steps being taken to improve the risk management framework be noted and the closer integration of the risk profiling and business planning processes be supported; and

(3) the date by which action is to be taken for each entry on the register be included in future risk registers for consideration by the Committee.

68/11 WELSH LANGUAGE BOARD OVERVIEW REPORT

RESOLVED:

That the Welsh Language Board Overview Report be received and

presented to the Trust Board Meeting on 26 January 2012.

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