

ANNEX 1

WELSH AMBULANCE SERVICES NHS TRUST

**MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY,
SAFETY AND GOVERNANCE COMMITTEE HELD ON TUESDAY
26 JUNE 2012 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 P James	Non Executive Director (Left the meeting during discussion on Minute 28/12)
Mr J Morgan	Non Executive Director

IN ATTENDANCE:

Mrs K Charters	Staffside Representative (UNISON)
Mrs J Hardisty	Director of Workforce and Organisational Development (OD)
Dr P Hughes	Medical Director
Mr R Lee	Regional Director, Central & West
Mrs C Jones	Corporate Support Officer
Mr M Jones	Statutory and Mandatory Training Co-ordinator (Minute 27/12 only)
Mrs D Sharp	Corporate Secretary
Mr D Walliker	ICT Operations Manager
Mr R Whitfield	Research and Development Manager

APOLOGIES:

Ms R Beaumont – Wood	Head of Safeguarding
Mr D Cooper	Staff Side Representative (GMB)
Mr J Huxley	Assistant Corporate Secretary
Ms S Jones	Nurse Director
Mr A Jenkins	Consultant Paramedic
Miss N Park	Non Executive Director
Mr C Richards	Staff Side Representative (UNISON)

24/12 PROCEDURAL MATTERS

RESOLVED: That

- (1) it be noted that there were no declarations made under the Code of Conduct be noted;**
- (2) the minutes of the open and closed sessions of the meeting of the**

Committee held on 26 April 2012 be confirmed as a correct record, subject to the following amendments:-

(a) Ms K Charters to read Mrs K Charters;

(b) Mr J Morgan – Non Executive Director to be included in the list of apologies for the Closed session minutes; and

(c) Minute 19/12 – Trust Dress Code – deletion of the word “policy”.

(3) the revised membership of the Committee, as agreed by the Board, be noted;

(4) the minutes of the meeting of the Partners in Healthcare Panel held on 15 June 2012 be received;

(5) the Committee be updated on progress with the implementation of the action plans in relation to the Standards for Health Services at its next meeting;

(6) (a) the Corporate Secretary and Non Executive Directors Philip James and John Morgan review the responses from Board members on the effectiveness of the Board and report back to the next meeting on any further actions required, following initial discussion with the Chairman of the Committee;

(b) core members of the Committee be asked to complete the Quality, Safety and Governance self-assessment form and return it to the Corporate Secretary by no later than 31 July in preparation for a report to be submitted to the Committee on 18 September 2012;

(7) (a) the Board be recommended to designate Dr Paul Hughes, Executive Director of Medical and Clinical Services as the Responsible Officer for Medical Revalidation for the Welsh Ambulance Services NHS Trust and accordingly reflect this within the Scheme of Delegation and also to note that the Board will be informed regularly about emerging issues by the Responsible Officer;

(b) the Medical Director be asked to provide advice to the next meeting of the Committee on the potential implications of medical doctors attending incidents as a Community First Responders in the context of medical revalidation as outlined above;

(8) the draft calendar of meetings for the period January 2013 to March 2014 be recommended to the Board for approval; and

(9) the consideration of referring any item of business to the Audit Committee for more detailed consideration and analysis be moved to the end of the agenda to facilitate consideration of all of the discussions held at the meeting to be considered as potential items for referral.

25/12 DEVELOPMENT IN SERVICE IMPROVEMENT

RESOLVED: That the presentation by the Patient Safety/Clinical Risk Co-ordinator following her secondment to the 1000 Lives Plus team and NLIAH be received.

26/12 CLINICAL STRATEGY

The Medical Director outlined the initial actions and progress since the last meeting when the Committee had received an outline of the Clinical Strategy, its priorities and planned activities of the Medical and Clinical Directorate. The Director, together with members of his development team, outlined the actions and improvements to the standards of clinical care offered to the public.

RESOLVED: That

(1) it be noted that the Heads of Service within the Medical and Clinical Development have commenced a range of activities in order to progress the clinical strategy of the Trust; and

(2) the recommendations within the individual reports from the Heads of Service, attached as Annexes to the summary report presented to the Committee, be supported.

27/12 APPRECIATIVE INQUIRY INTO STATUTORY AND MANDATORY TRAINING

The Statutory and Mandatory Co-ordinator attended the meeting to present the detailed paper.

RESOLVED: That

(1) the contents of the report be noted; and

(2) the following recommendations be supported:-

(a) development of a Statutory & Mandatory Training Policy for the Trust, encompassing the main strands of Statutory Training which should include that of Information Governance;

(b) development of a Key Skills Mandatory Training library, comprising of role-specific programmes;

(c) develop of the 'KSF Hour' system trialled in the Betsi Cadwaladr area, in conjunction with rosta reconfiguration to meet demand profiles;

(d) evaluation and development of the one-day ride-out method of

delivery, to include an Objective Structured Clinical Examination (OSCE) approach encompassing Statutory topics;
(e) exploration of the learning resources and delivery e.g. Mobile Learning Libraries and online resources; and
(f) development of an effective PADR system to identify staff training needs.

28/12 ATTENDANCE MANAGEMENT – PRESENTATION OF DATA

The Director of Workforce and OD presented a report which provided the Committee with detailed attendance management data as part of the quarterly update on the Health and Wellbeing action plan.

RESOLVED: That

(1) the report be received;

(2) the sickness reports presented in Annex 1 of the report be noted; and

(3) the update of the work of the Health & Wellbeing Group in delivering the Action Plan, as described in Annex 2 of the report, be noted.

29/12 ICT UPDATE

The ICT Operations Manager provided an oral report to the Committee on proposals to establish four working groups within the ICT function, to be known as the Change Advisory Board, the Architecture Group, the Service Delivery Group and ICT Programme Board. It was proposed that these Groups would report to the Clinical/ICT Group, chaired by the Medical Director and then through the established route of the Management Team and this Committee. The Committee was advised that Information Governance business would also follow this route.

RESOLVED:

That the report be received and a copy of the proposals be circulated electronically as soon as possible to members of the Committee.

30/12 INFORMATION GOVERNANCE

The Medical Director provided an oral report to the Committee on information governance arrangements within the Trust and made reference to an impending audit by the Information Commissioners Office (ICO).

RESOLVED:

That the Medical Director circulate electronically a written report to all

members of the Committee summarising the instructions the Trust is currently working to with regard to the impending ICO audit.

31/12 ORACLE LEARNING MANAGEMENT (OLM) SYSTEM UPDATE

The Committee noted that to date there had been no centralised learning management system within the Trust. It had, therefore, proved difficult to provide an in-depth report of compliance against all aspects of statutory and mandatory training and to maintain electronic controlled staff training records.

The implications of OLM had been mandated from the Workforce Information Systems (WFIS) programme Board for all Trusts and Health Boards in Wales and was the system used in the NHS in England.

The report provided an assessment of how the Trust was progressing the implementation of OLM.

RESOLVED: That

(1) the Workforce Development Team continues to communicate to staff in relation to OLM implementation and any issues arising as the system is further utilised;

(2) the Workforce Development Team explore the reporting functions within OLM once sufficient data is held;

(3) the Workforce Development Team move to phase two towards the end of 2012 and commence recording of further topics;

(4) the Workforce Development Team explore the issue of further storage/upload facilities within OLM; and

(5) information governance be added to the list of key statutory and mandatory topics being recorded and delivered through the 2012-13 programme.

32/12 CONCERNS ANNUAL REPORT AND POSITION UPDATE

The Committee was provided with a draft Annual Report on Concerns together with an update on the current position with regard to the processing of Concerns within the Trust.

RESOLVED: That

(1) consideration of the Concerns Annual Report be deferred, pending further work required, to the next meeting of the Committee on 18 September and the Board in October, and the Board, at its meeting on 26 July, receive a briefing note explaining the rationale behind the recommendation to defer the matter to the next cycle of meetings; and

(2) on the basis that work is ongoing to reformat the regular Concerns report to the Committee, it be noted that a report in the revised format will be presented to the next meeting of the Committee.

33/12 SAFEGUARDING PEOPLE ANNUAL REPORT

The Trust's Executive Lead for Safeguarding presented the Annual Report to the Committee which was commended to the Board, not only for its contents but in terms of the wider work which had been undertaken to ensure safeguarding arrangements became embedded throughout the Trust.

RESOLVED: That

(1) the Trust continue to ensure that clear lines of accountability remain in place during the implementation of the new management structure; and

(2) the Annual Report be recommended for approval by the Trust Board at its meeting on 26 July 2012.

34/12 REVISION OF THE HEALTH AND SAFETY POLICY AND THE RISK MANAGEMENT POLICY AND STRATEGY - UPDATE

RESOLVED:

That it be noted that it was intended to bring the finalised policies to the next meeting of the Committee.

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