

DRAFT

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 7 FEBRUARY 2012 AT CONWAY HOUSE, SWANSEA WITH VIDEO CONFERENCING LINKS TO HQ, ST ASAPH AND VPH, CWMBRAN

PRESENT :

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

IN ATTENDANCE:

Ms R Beaumont - Wood	Head of Safeguarding
Mr D Cooper	Staff Side Representative (GMB)
Mr T Eckley	National Risk and Health & Safety Manager
Mr S Fletcher	Non Executive Director and Chairman of the Board
Mr M Graham	Community Health Council Representative
Mrs J Hardisty	Director of Workforce and OD
Dr P Hughes	Medical Director
Mr J Huxley	Assistant Corporate Secretary
Ms S Jones	Clinical Director
Mr R Lee	Regional Director, South East
Mr C Richards	Staffside Representative (UNISON)
Mr B Roberts	Staff Side Representative (UNITE)
Mrs D Sharp	Corporate Secretary

01/12 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 13 December 2011 be confirmed as a correct record and it be noted that the draft Quality, Safety and Governance Strategy will be available for consideration by the Committee at its next meeting on 26 April 2012.

02/12 DRAFT RISK MANAGEMENT STRATEGY AND POLICY

This document was presented as draft at this stage and the Committee was invited to comment on its contents in preparation for an amended version to come to a future meeting of the Committee and subsequently to be approved by the Trust Board.

The Committee requested that the following comments should be considered for inclusion in the final version of the strategy and policy:-

- (a) Include a reference to the safeguarding of children and vulnerable adults;
- (b) With regard to the Risk Registers, individual responsibilities eg Directors should be clarified and those jointly responsible where applicable, under the overall ownership of the Management Team;
- (c) Under paragraph 6.6, refer to the formal NHS Wales scheme of delegation;
- (d) In paragraph 9 re-phrase the term 'Patients and Goods' in the first bullet point; and
- (f) Need to expand on the information within the document regarding Infection Control.

RESOLVED:

That the Risk Management Policy and Strategy be re-drafted in the light of comments received and be presented to a future meeting of the Committee and the Trust Board for approval.

03/12 DRAFT HEALTH AND SAFETY POLICY AND DRAFT HEALTH AND SAFETY PLAN

Similar to the previous item, the draft Health and Safety Policy and draft Health and Safety Plan were presented as draft at this stage and the Committee was invited to comment on the contents in preparation for an amended version of the documents to come to a future meeting of the Committee and for the Policy to be approved by the Trust Board.

In considering the documents, the Committee thought that the draft Health and Safety Plan contained some ambitious proposals and it was important to clearly state the timescales that were envisaged to move the actions forward and who was responsible for doing so. It was also noted that the Board needed to appoint a health and safety 'champion', although it was acknowledged that the Board 'Champion' list needed to be reviewed in the near future.

RESOLVED: That

(1) the draft Health and Safety Policy be re-drafted in the light of comments received and be presented to a future meeting of the

Committee and the Trust Board for approval;

(2) the draft Health and Safety Plan for 2011/12 be endorsed and the proposed approach and format be approved;

(3) as the documents are developed, recognition be given to the inclusion of timescales for each action and a clear indication as to whom is responsible for taking the action; and

(4) a review be undertaken in the near future of the Board's list of 'Champions'.

04/12 UNIFORM PROCUREMENT AND DRESS CODE UPDATE

The Committee was disappointed to hear that it had not been possible to submit to the Committee a finalised Dress Code Policy for consideration. The Regional Director, South East outlined the process that had been followed to move towards an agreed solution.

RESOLVED: That

(1) a final draft of the Dress Code Policy be considered by the Welsh Ambulance Service Partnership Forum (WASPF) in March and by this Committee at its meeting on 26 April 2012; and

(2) detailed consideration be given to the process for steering through and obtaining approval of policy using the WASPF and into the Trust's Committee process.

05/12 ATTENDANCE MANAGEMENT

The Director of Workforce and OD presented attendance management data and confirmed progress in relation to the Health and Wellbeing action plan. The report was very much a holding report at this stage and a more detailed version was to be presented to the Committee at its next meeting on 26 April 2012.

Members advised that they would like to see in future reports what action was being taken to reduce sickness within the Trust and that greater emphasis should be placed on attendance and the need for this to be promoted. It was also important to use the collected data to interrogate it and to monitor the action plans.

RESOLVED:

(1) the report and the data included within it be noted as a holding report;

(2) it be noted that the first detailed report containing the full data will be submitted to the next meeting of the Committee on 26 April

2012 as this will allow for:

(a) further development in obtaining attendance management data to take place;

(b) actions from the Wellbeing Event in February 2012 to be included and subsequent update of Health & Wellbeing action plan;

(c) consideration of sickness data by the Health and Wellbeing Group which will take place in February 2012; and

(d) provision of full year data for 2011/12.

(3) the reference to the Health and Wellbeing Committee be changed to the Health and Wellbeing Group.

06/12 CRIMINAL RECORDS BUREAU (CRB)

The Committee had requested a report on the Trust's performance with regard to CRB retrospective checks on staff, including volunteers, and also the estimated costs of reaching a satisfactory position of compliance with CRB requirements. The information provided in the report submitted by the Director of Workforce and OD covered the period up to 31 December 2011.

In considering the detail within the report, members noted the position the Trust had reached to date but felt that further progress could and should be made to ensure that the Trust complied fully with the CRB requirements. The detail as to how the Trust should proceed was discussed and the action listed in the resolution below was agreed.

RESOLVED: That the Board be recommended to:

(1) note the position in respect of compliance with CRB;

(2) note that CRB checks upon recruitment to the Trust will be continued;

(3) endorse that three year refresher checks for staff and volunteers be undertaken and that consideration needs to be given to allocating a budget for this purpose;

(4) endorse that retrospective CRB checks should be undertaken on all employees noting that staff have the right to refuse such a check as the position currently stands;

(5) a protocol be agreed through the Welsh Ambulance Service Partnership Forum (WASPF) to accommodate any staff who might

be affected by the CRB process; and

(6) it be acknowledged that in order to progress with CRB checks, there is a requirement for additional resources and costs would need to be taken into account as part of the overall budgetary process.

07/12 1000 LIVES PLUS/PATIENT SAFETY UPDATE

Before discussion of this item, the Chairman of the Board declared a non pecuniary interest as Chairman and Trustee of the Welsh Stroke Association.

Reference was made in the report to a trial for the use of ROSIER test for stroke patients, that had been completed with Abertawe Bro Morgannwg University Health Board (ABMU) East. Although the data was still to be analysed, early indications showed that patients were getting to the stroke unit approximately 30 minutes earlier than previously, although the overall numbers were small. The intention was to await the results of a similar trial in London and continue with the work at ABMU.

RESOLVED: That

(1) the content of the report and the early results of the trial at ABMU be noted; and

(2) a representative from the Welsh Stroke Association be invited to attend a future Board Development session.

08/12 UPDATE ON APPRECIATIVE INQUIRY

The Committee had asked that an Appreciative Inquiry be undertaken to ascertain alternative ways of delivering Statutory/Mandatory training within the Trust. This involved inquiring and communicating with people in the organisation and enabling them to shift their attention and action away from a downward spiral of problem analysis to delivering worthy ideals and productive possibilities for the future.

The Committee was informed that there was further work to do and consideration was necessary with regard to the value and effectiveness of e learning techniques and ICT literacy skills across the Trust. Members also focussed on the style of the letter that had been used to ask staff to send in their views and observations and thought that it was too formal.

RESOLVED: That

(1) the contents of the report be noted and the approach being adopted be supported;

(2) a joint letter between the Director of Workforce and OD and staffside representatives be agreed and sent out to all staff; and

(3) a further report be presented to a future meeting of the Committee when all of the details have been received.

09/12 SAFEGUARDING UPDATE

RESOLVED:

That the contents of the report be noted and any actions which are identified in the associated action plan be supported.

10/12 CLINICAL DIRECTORATE RISK REGISTER

In considering the Clinical Directorate Risk Register, members focussed on what were considered to be major risks for the Trust in relation to the risk of sharps injury and the purchase of up to date laryngoscopes. The Committee considered both items as being required urgently and requested the Management Team to ensure that the necessary resources became available quickly.

RESOLVED: That

(1) the content of the risk register be noted;

(2) the purchasing of Laryngoscopes be completed as a matter of urgency and the Management Team look into the process to understand within the Trust

11/12 CONCERNS

RESOLVED: That

(1) the information and current issues in relation to Concerns be discussed in the Closed Session of the meeting; and

(2) the revised policy entitled 'Putting Things Right' be withdrawn as an item for discussion at the meeting as further consideration is necessary on a range of matters involving Concerns.

12/12 STANDARDS FOR HEALTH – DRAFT SELF ASSESSMENT

RESOLVED:

That the scrutiny and sign off of the proposals for the Standards contained within this report be approved.

13/12 STRATEGIC EQUALITY PLAN

RESOLVED: That

- (1) the requirement to have a Strategic Equality Plan in place before 31 March 2012 be noted;**
- (2) the Plan presented to the Committee be acknowledged as identifying the areas to be focussed upon in future deliberations;**
- (3) a workshop be held for all members of the Board on Friday 2 March to progress the Plan to a point where the Trust Board can approve a final version at its meeting on 15 March 2012; and**
- (4) the Director of Workforce and OD be asked to provide all of the documentation to facilitate this objective.**

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