



Quality Committee Meeting Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ

Date: Thursday 7 May 2015

Time: 0900 hours

Chairman: Pat Drake

Attendees:

Pat Drake	(PD)	Deputy Trust Chairman/Non-Executive Director
Dr Elaine Bond	(EB)	Non-Executive Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Dr Dave Macklin	(DM)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director

Apologies:

Erfana Mahmood	(EM)	Non-Executive Director
Ian Brandwood	(IB)	Executive Director of People & Engagement
Barrie Senior	(BS)	Non-Executive Director (Observer)
Karen Warner	(KW)	Associate Director of Quality & Nursing

In Attendance:

Della Cannings	(DC)	Trust Chairman (Observer - in part)
Mary Wareing	(MW)	Non-Executive Director
John Nutton	(JN)	Non-Executive Director - Designate (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Associate Medical Director
Ben Holdaway	(BH)	Locality Director - EOC
Becky Monaghan	(BM)	Associate Director of Risk & Safety
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
Kate Sims	(KS)	Associate Director of HR
Joanne Halliwell	(JH)	Associate Director of Operations, PTS

Minutes produced by:

Mel Gatecliff	(MG)	Committee Services Manager
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The meeting was preceded by a presentation at 0830 and 0900 hours called: 'Co-creating Urgent Care Practitioners'.

The presentation, which was delivered by Andrew Hodge, an ECP based in Sheffield, Mark Hobson a UCP from Wakefield and Angela Harris, Lead Nurse, Urgent Care, was well-received by those present.

		Action
	The meeting commenced at 0900 hours.	
1.	Introduction & Apologies PD welcomed everyone to the meeting and apologies were noted as listed above.	
2.	Review Members' Interests Declarations of interest would be noted and considered during the course of the meeting.	
3.	Chairman's Introduction PD thanked everyone for their attendance. PD stated that EB was attending her final Quality Committee meeting and placed on record her thanks to EB for her commitment and contribution to the Committee during her time as a Non-Executive Director with YAS. PD added that EB's knowledge and experience would be greatly missed. PD expressed disappointment that the final report had not yet been received from the CQC, adding that the date of the Quality Summit had therefore not yet been finalised. It was agreed that, due to amount of business on the agenda, all papers would be taken as read.	
4.	Minutes of the Meeting held on 5 February 2015 The minutes of the Quality Committee meeting held on 5 February 2015 were approved as a true and accurate record of the meeting, subject to the following amendment. Matters Arising: Page 17, final paragraph – 'Bradford' to be changed to 'Barnsley'.	
5.	Action Log The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey. 046/2014 – Education and Training Plan 2014/15 It was agreed that this action should remain open until such time as the new roles were completely clarified. This would be picked up as part of the Workforce Plan. 094/2014 – Workforce Plan Update KS confirmed that a detailed presentation about the ORH, A&E and PTS work would be included on the agenda for the BDM on 30 June. Action closed.	

	Action
<p>001/2015 – Chairman’s Introduction SP confirmed that the plan and tracker had been updated and circulated to the TDA who were satisfied with what they had received. Action closed.</p> <p>002/2015 – Chairman’s Introduction AA confirmed that the GGI reports had been circulated as requested. Action closed.</p> <p>008/2015 – A&E Operations Service Line Assurance Report SP confirmed that the action had been shared with the LDs who would include information under the CQC headings in future reports. Action closed.</p> <p>009/2015 - A&E Operations Service Line Assurance Report SP confirmed that the action had been shared with the LDs who would include information about Paramedic succession planning, etc in future reports. Action closed.</p> <p>010/2015 - A&E Operations Service Line Assurance Report Item on agenda. Action closed.</p> <p>011/2015 – Workforce Update Report Item on agenda. Action closed.</p> <p>012/2015 - Workforce Update Report Item to be covered during July meeting. Action remains open.</p> <p>013/2015 – Workforce Wellbeing Strategy Item to go to Board meeting in September. AA to add to forward plan. Action remains open.</p> <p>014/2015 – Volunteer Policy KS confirmed she was due to meet with MA the following week to take the action forward. Action closed.</p> <p>016/2015 – Service Transformation Update Item to be added to July Joint Committee agenda. Action remains open.</p>	
6.	QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES
6.1	<p>Quality Governance Report BM provided an update on Quality Governance to provide assurance that related workstreams were progressing to plan. She stated that it was first report in the new style where a more co-ordinated approach had been taken to information gathering, etc and invited questions from those present.</p> <p>PD requested further clarification about the ‘specific initiatives’ mentioned in section 3.4.</p>

	Action
<p>SP stated that they specifically related to actions taken following receipt of complaints in relation to for example, attitude, moving and handling and delayed communications. Information about some lessons learned from incidents, complaints, etc was already on the website.</p> <p>PD asked whether there was any specific information relating to falls. As there had been a recent increase in such incidents in PTS it was important to maintain focus.</p> <p>BM stated that although falls had not been specifically picked up as a topic, the Quality Strategy would pick up that area.</p> <p>PD requested a definition of the 'Fellows' mentioned in 4.3.</p> <p>BM stated that they were 'Champions', adding that it was an Improvement Academy title rather than a YAS title.</p> <p>JM stated that knowledge and understanding of 'Sign up to Safety' would grow throughout the year.</p> <p>PD noted that YAS had struggled with pain scores (5.3) for some time.</p> <p>JM stated there was currently a focus on pain scores which was a CQUIN for the current year. A significant campaign would shortly be launched and JM agreed to provide a progress report containing more detailed clinical feedback around pain scores, spinal injuries, etc at the July meeting.</p> <p>Action: JM/SD to present an update on pain scores at July meeting.</p> <p>PD asked whether the Trust had better sight of what was happening in relation to SIs and issues around mortality (5.5)</p> <p>JM replied that a telecom was shortly due to take place launching a national campaign to look at mortality recording and management with an internal meeting to follow. This was very much an early scoping exercise and JM was unsure about its value but the TDA was keen to stress the value of measuring mortality numbers in the ambulance service.</p> <p>PD stated that she was aware of the implementation of sections of the Care Act 2014 (7.6) and requested details of the assurance process. SP replied that an internal review was currently under way.</p> <p>He further stated that KW was preparing a report about the recommendations of the Lampard Report which was on the May Board agenda, prior to submission to the TDA at the end of May.</p>	<p>JM/SD</p>

	Action
<p>In terms of section 8, PD asked whether there were any drug check discrepancies about which the Committee should be concerned about. JM replied that there were not.</p> <p>It was noted that stroke outcomes were currently marginally below national averages with the situation likely to worsen with the closure of more stroke services.</p> <p>JM stated that Stemi 150 worked as this was a whole-patient pathway which followed the patient.</p> <p>PD asked whether the Trust's stroke outcomes should be raised as a risk, as this was a national standard that YAS was unable to achieve.</p> <p>BM confirmed that the risk was already covered in a more general risk but she would amend the BAF to include a more specific reference.</p> <p>JM stated he would continue to raise the issue at NASMED meetings.</p> <p>JM stated that the paper referred to the Royal College of Paramedics. However it did not currently have 'Royal' in its title.</p> <p>EB stated that the CQUINs appendix was not complete.</p> <p>SP stated this was because, when the papers were published, the CQUINs were still in the process of being signed off. He would ensure that the final version was circulated after the meeting.</p> <p>Action: BM to circulate final version of Appendix 1, CQUIN Scheme.</p> <p>Approval: The Quality Committee received the report as assurance that quality governance remained a key priority for the Trust and that related workstreams were progressing to plan.</p>	<p>BM</p>
<p>6.2</p> <p>'Freedom to Speak Up'</p> <p>BM provided a summary of the "Freedom to Speak Up" (Francis 2015) publication and consideration of actions to address the recommendations. She stated that the findings, which concentrated on the development of different cultures to allow staff to speak out safely and how those cultures would be supported, were incorporated in Table 1.</p> <p>BM further stated that YAS' existing raising concerns at work policy was being reviewed to ensure that it met the recommendations. Additional pieces of work also were under way around the organisation, including those specifically working with staff with disabilities and minority ethnic staff.</p>	

	Action
<p>BM stated that three options which would enable the Trust to meet the recommendations as an organisation were included in the report. Although Option 2 seemed to be the current preferable option, a formal group was being established to re-evaluate the options and to look at what other trusts were doing around the country.</p> <p>SP stated that the Trust's current overall framework for handling concerns needed to be considered. For example, how the organisation responded to and co-ordinated responses, how options were communicated to staff, etc.</p> <p>SP added that further consideration was required of the guardian role to clarify what the role would actually mean to the organisation, as this was not specified in the report.</p> <p>EB suggested that the current NED 'whistleblowing' role could potentially incorporate the guardian role.</p> <p>PD asked whether the Trust was briefing senior managers on the document and why it existed.</p> <p>SP replied that this would be included as part of the on-going work.</p> <p>JN asked how many incidents and concerns were currently reported.</p> <p>SP replied that, in terms of formal whistleblowing, numbers were quite small, adding that although quite a lot of items were reported through Datix, these tended to be concerns rather than incidents.</p> <p>A discussion took place about staff side's involvement.</p> <p>SP stated that staff side would be involved in developing the framework rather than the day to day management of specific issues.</p> <p>It was agreed that, as PD would not be at the next Board meeting, SP would provide a verbal update.</p> <p>Action: SP to provide a verbal update about 'Freedom to Speak Up' at the May Board meeting.</p> <p>Approval: The Quality Committee noted the findings from the publication and supported the recommendations for action.</p>	<p>SP</p>
<p>6.3</p> <p>Quality Account 2014/15 SP provided an update on the current content and status of the 2014/15 Quality Account and an outline of the next steps in the publication process.</p>	

	Action
<p>SP stated that the final version of the document, which would contain feedback from stakeholders such as Healthwatch, the CCGs, etc, would go to TEG before going to the auditors.</p> <p>PD stated that, as the document was due to go to the Public Board meeting on 2 June, the Trust Chairman and other NEDs would need early sight of it.</p> <p>ABP stated that she had some comments to make but would provide them outside the meeting.</p> <p>Action: ABP to share feedback on draft with SP outside the meeting.</p> <p>AA stated that she had spotted a few typographical errors that she would share with SP outside the meeting.</p> <p>Action: AA to share feedback on draft with SP outside the meeting.</p> <p>JN queried the short length of time that the auditors had been allocated on the timeline to process the document.</p> <p>SP stated that the auditors had already been carrying out an audit of the draft Quality Account for several weeks, adding that they would also be drilling down into a number of indicators as part of this work.</p> <p>PD asked whether an abbreviated version of the document would again be produced for patients and stakeholders.</p> <p>SP confirmed that it would.</p> <p>EB stated her belief that there needed to be more of a balance of positive and negative comments on page 68.</p> <p>SP replied that he would pick up EB's comment when he incorporated additional stakeholder feedback into the document.</p> <p>ABP asked whether the document would go onto the website in its current draft format.</p> <p>SP replied that the final version of the Quality Account would be published as part of the Annual Report as usual.</p> <p>It was agreed that any additional comments should be returned to SP by 10 May 2015.</p> <p>Action: All comments on draft Quality Account to be returned to SP by 10 May 2015.</p>	<p>ABP</p> <p>AA</p> <p>ALL</p>

		Action
	<p>PD thanked SP for his update.</p> <p>Approval: The Quality Committee received and commented on the Final draft of the Quality Account.</p>	
<p>6.4</p>	<p>Clinical Quality Strategy 2015/16 BM presented the key achievements delivered as part of the Clinical Quality Strategy 2012/15 and presented the Clinical Quality Strategy 2015/18 which had been discussed at and approved by the Clinical Governance Group at its April meeting.</p> <p>SD stated that an attempt had been made to align the clinical quality priorities with the CQUINs where possible so that common themes ran through the document.</p> <p>PD stated that the document was clearly aligned to the CQC regulatory framework, which was a sensible approach to take. It set out a good accountability framework and was a vast improvement on the last version as it was more focussed and deliverable.</p> <p>Amendments proposed included:</p> <ul style="list-style-type: none"> • Page 6 - the Trust should listen to its patients as well as its staff - add 'patients' to the item; • Page 11 – change 'complaint' to 'compliant' in Goal 2; • Page 13 – drop 'management' in first bullet point in section 10 so it stated 'accountability framework'; <p>Action: BM to amend document to include actions outlined in minutes above.</p> <p>PD asked when timescales for implementation plans for the priority topics mentioned in 12.3 on page 14 were likely to be agreed, as they would need to come back to Quality Committee at some point.</p> <p>SP replied that they were likely to be finalised by the end of May.</p> <p>Approval: The Quality Committee received the report as assurance that clinical quality remained a key priority for the Trust and that the strategy for 2015/18 was now set outlining the key quality priorities.</p>	<p>BM</p>
<p>6.5</p>	<p>Quality Impact Assessment – 2015/16 / Cost Improvement Programme SP provided an update to assure the Quality Committee of the progress made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs).</p>	

	Action
<p>This would provide an opportunity for the Committee to review and agree the risks and mitigations identified through the QIA process and to report on the development and use of early warning indicators relating to the safety and quality of services.</p> <p>SP stated that Appendix 1 provided a summary in terms of the 2014/15 schemes whereas Appendix 2 provided information about the 2015/16 summary position. The remainder of the appendices were a selection of PIDs and QIA documents.</p> <p>The main 2014/15 risks related to the A&E workforce, which was the situation again for 2015/16. NHS 111 cost savings were still subject to the outcome of the on-going contract negotiations whilst the A&E Operations Skill Mix was currently being recast.</p> <p>SP stated that the PTS Management CIPs had been worked through and although JM and he were still to sign them off they contained no major risks from a quality/safety perspective.</p> <p>EB noted that the value of the total CIP scheme was financially lower than originally intended.</p> <p>SP replied that the process was constantly under review with four reserve schemes already agreed.</p> <p>EB stated her belief that the Trust needed to be more rigid and continue to tighten up the framework.</p> <p>SP stated that the CIP process was much tighter than it had been in previous years. CIP Management Group meetings were much better structured and the process did not feel as confused.</p> <p>ABP stated she was pleased to see the quality assurance process, as it was the first time she had seen it in practice.</p> <p>She asked whether Fleet ever took patient feedback into account in terms of vehicle design. The commissioning of vehicles seemed to concentrate on carbon footprint rather than patients' needs and some of YAS' current vehicles were not fit for purpose, as they could not accommodate patients' equipment.</p> <p>PD thanked ABP for her input and SP stated that he would raise the issue at TEG.</p> <p>Action: SP to discuss with TEG methods by which patient feedback could be incorporated into vehicle specifications.</p> <p>PD asked where the additional monitoring of patient safety mentioned in 4.7 took place</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>SP</p>

	Action
<p>BM replied that it was in the fortnightly IRG meeting.</p> <p>PD stated that she would like to attend an IRG meeting which SP agreed to provide her with the dates and times of.</p> <p>Action: SP to provide PD with dates and times of forthcoming IRG meetings.</p> <p>PD stated her belief that a good connection had been made with the CIP Management Group as the QIA Quality Committee report was now circulated and discussed as part of its meetings and there was on-going review and reporting to Quality Committee of new CIP schemes, including additional reserve schemes, as they became available.</p> <p>PD stated she was more comfortable that the QIA reflected the actual CIPs and that a more joined up approach was now being taken.</p> <p>It was agreed that the CIP QIA process would be discussed in more depth at a future Joint Committee meeting.</p> <p>Action: CIP QIA process to be discussed in more depth at a future Joint Committee meeting.</p> <p>PD asked whether the NHS 111 pilot using clinical floor walking GPs had worked as well as hoped for.</p> <p>JM replied that the pilot was not as successful as it could have been. This was partly because YAS had not recruited the GPs itself. However, the Trust would expect to see primary care embedded in a more integrated clinical hub going forward.</p> <p>PD asked whether, in terms of workforce, final staff side agreement had been reached in relation to scopes of practice.</p> <p>SP stated that the concerns related to safety aspects and which bands of staff responded to which type of calls. The discussions were central to the mix of issues currently underway with the unions.</p> <p>Approval: The Quality Committee:</p> <ul style="list-style-type: none"> • Reviewed the risks and mitigations identified through the Quality Impact Assessment process; • Noted the further development of the quality and safety indicators in relation to operational performance; • Was assured with regard to current position of the QIA monitoring and action to mitigate key and emerging risks. 	<p>SP</p> <p>SP</p>

	Action
<p>6.6 Expert Patient report</p> <p>PD welcomed YAS' Expert Patient, ABP, to the meeting and invited ABP to present her regular report which sought to:</p> <ul style="list-style-type: none"> • Provide a summary update about the highlight activities and role of YAS Expert Patient since the last Quality Committee meeting; • Present updated and refined minimum priority proposals / recommendations for adoption and inclusion in YAS' 2015/16 work plans in order to strategically sustain the development and 'reach' of 'Patient Voices and Influence' across YAS; • Facilitate continued debate and wide YAS engagement on the 'Patient Voice and Influence' work agenda. <p>PD congratulated ABP on her usual excellent paper.</p> <p>SP stated he had discussed the range of ideas proposed with ABP and other members of his team since the last meeting and they had focussed in on a number of priorities.</p> <p>ABP stated that she tried to make her paper as condensed as possible for simplicity. However, she remained unsure about how things would be taken forward and actioned with her main concerns remaining around the engagement agenda with more development urgently required in the area of patient engagement.</p> <p>PD stated her belief that the YAS Forum would feed in strategically, adding that the suggestion of a virtual network of critical friends was a good idea.</p> <p>She acknowledged that there was a lot to do, adding that SP and his team would continue to work with ABP's recommendations, reporting back on progress as appropriate.</p> <p>PD thanked ABP for providing the required context around the issues.</p> <p>Approval: The Quality Committee:</p> <ul style="list-style-type: none"> • Received the YAS Expert Patient written update since the last meeting for information; • Reviewed and discussed the refined priority proposals / recommendations for 'Patient Voice and Influence' development at YAS and the progress made to date towards their adoption via YAS' 2015/16 work planning; • Confirmed the Quality Committee's acceptance on assurance that 'Patient Voice' sustainability issues had been and were being explored internally by YAS with peripheral support from YAS 'Expert Patient'. 	

	Action
<p>6.7</p> <p>A&E Performance Assurance Update</p> <p>DM apologised for the formatting problems in the report and gave the Committee a verbal update on performance related issues, safety concerns, delayed responses in A&E and a review of the HART CQC findings. He would reformat the report and share with PD/SP for circulation.</p> <p>Action: DM to reformat report and share with PD/SP for circulation.</p> <p>DM stated that the report summarised the main actions taken to improve A&E performance which had been driven by the 'Spring into Action' initiative. The daily meetings to focus on the day ahead were proving successful and the Business Information team had done some excellent work which had provided a good focus.</p> <p>There was a different task to undertake on each of the five week days with different people presenting information to check on the performance trajectory and individual actions around better resource management and visibility of YAS' performance issues.</p> <p>Performance improvement was heading in the right direction and there was now a better understanding of the areas where YAS was consistently not hitting performance. Consequently, some focus work had been undertaken to try to get resources into those areas.</p> <p>In terms of delayed response, any serious incidents or potentially serious incidents were reported through Datix and followed up. Although there had been a decrease in the number of complaints, the Trust was still some way from where it would like to be.</p> <p>SP stated that complaint numbers had been higher in 2014/15 than they had been in 2013/14. Some of them were related to the amount of activity with others related to the delayed response issues.</p> <p>DM stated that the CDMs, supported by SD, had developed the reporting process so the team was now receiving useful real time information, which flagged up issues as they were happening.</p> <p>SD stated this meant that the Trust could then do something about issues in real time, enabling YAS to help its patients more effectively.</p> <p>DM provided an update about the current establishment for Clinical Supervisors. There had been a significant rise in the number of vacancies to 22 due to a number of Clinical Supervisors moving on to be Urgent Care Practitioners.</p> <p>DM stated that he would want development posts to be in addition to the establishment of 124 and not included as part of it. A discussion took place about the use of such posts and PD asked DM to include a section about succession planning in his next report.</p>	<p>DM</p>

	Action
<p>Action: DM to include information about succession planning and recruitment in his next update report.</p> <p>DM stated that the final section of the report, Appendix 3, was a confidential report written about lessons learned following the CQC visit to Manor Mill and the HART base. He highlighted the new processes that had already been put in place to ensure that the same issues did not recur.</p> <p>Approval: The Quality Committee received the verbal report and was assured that the quality and safety implications of the increased incidence of delayed responses and back-up were being comprehensively monitored and processes in place to identify and investigate potential harm incidents in a timely manner.</p>	<p>DM</p>
<p>6.8 Service Transformation Programme – Annual Review and Programme Priorities for 2015/16 SP provided an update on developments, issues and risks in relation to the Service Transformation Programme (STP).</p> <p>SP confirmed that the new AD, Nigel Hopps (NH), had started and was working closely with people to build up the detail of the plan. Knowledge and understanding about the complexity and interrelationships through the programme were developing and there was a large focus on A&E with DM's Spring into Action initiative moving into a longer term plan.</p> <p>SP stated that section 3 of the report contained information about the key components of the STP with new workstreams currently being worked up.</p> <p>SP confirmed that a TEG Transformation meeting was scheduled for the following week during which an assessment would be made of progress to date in relation to each of the schemes. He stated that no dashboard picture could currently be presented.</p> <p>In terms of resources, it was becoming apparent that more resources than anticipated would be required in some areas and perhaps less in others. As the Trust got into the detail of implementation, there would need to be further discussions in relation to different schemes.</p> <p>PD stated that the risk assessment made depressing reading and asked whether the Trust felt that the current mitigations would be successful against the key risks.</p> <p>SP replied that, given the complexity of the programme, the risk assessment needed to be detailed.</p>	

	Action
<p>NH was currently working through the risks and mitigations with the Executive Directors but it was his belief that the Trust was in a better position than in previous years. He was hopeful that, by the time of the July meeting, there should be a concrete plan to present.</p> <p>JH stated that the PTS Project Board had been established and a couple of meeting had taken place.</p> <p>SP stated that A&E service delivery, which was currently being handled through weekly Executive meetings, would migrate into a monthly Project Board meeting. He confirmed that Hub and Spoke and PTS were well-established. The Corporate workstream had been scoped out and the Project Board members agreed. Work on call centre integration had commenced with some form of integration expected before Christmas.</p> <p>DM stated that, in terms of the intelligent ambulance, dates were not yet confirmed. It was planned to be a three-year programme with changes becoming more substantial over time. It currently required low level resourcing which would increase further down the line.</p> <p>SP confirmed that there remained issues around SLM implementation with discussions on-going in this respect.</p> <p>EB expressed concern about the current emphasis on SLM. She was worried that it might get 'lost'. In terms of quality, it underpinned many different projects and could have a major impact on outcomes.</p> <p>SP stated that there had been issues in relation to the appointment of a Project Manager but that the current review continued to highlight SLM as a high priority development for the coming year. It was agreed that the Committee's report to the Audit Committee would need to include an update on concerns about the implementation of SLM.</p> <p>Action: SP to include update about SLM/Service Transformation Programme in report to Audit Committee.</p> <p>Approval: The Quality Committee noted and commented on the developments, issues and risks outlined and were assured with regard to the Service Transformation Programme management and resource arrangements and actions.</p>	<p>SP</p>
<p>6.9 Significant Events / Lessons Learned The Quality Committee considered in detail the update on significant events highlighted through Trust reporting systems and by external regulatory bodies and provided assurance on actions taken to effectively learn from adverse events.</p>	

	Action
<p>PD asked what the 'distraction' in EOC mentioned on page 4 had been.</p> <p>BH replied this was currently unclear but was part of the investigation and he would provide further information when it was available.</p> <p>Action: BH to ensure further information about 'distraction' in EOC was included in future reports on 'Sign up to Safety'.</p> <p>PD noted that an incident had not been reported by a PTS driver (page 5) and asked how the Trust dealt with incidents of non-reporting.</p> <p>JH stated that the Trust was currently doing lot of work with front line staff in that respect. Timing was proving to be one of main the difficulties so consideration was being given to issuing PTS team leaders with smart phones to simplify the process.</p> <p>PD asked whether the Trust checked that the PTS staff had training in and an understanding of incident reporting, etc. JH confirmed that this was the case.</p> <p>PD asked whether the Trust would go through disciplinary action in such circumstances.</p> <p>SP stated that accidents happened and as long as they were reported in the correct manner, this would not be a disciplinary issue. However, if an accident happened and the individual failed to report it or tried to cover it up, then that could lead to disciplinary issue.</p> <p>AA asked whether a process was in place to pick up any individuals who were repeatedly associated with incidents.</p> <p>SP replied that it would be picked up through Datix as it would be on their record. All managers received the Datix information relating to their staff and would therefore know if a person was involved in similar issues on a recurring basis.</p> <p>BM stated that the Trust wanted to encourage people to report incidents and therefore did not want to include punitive measures in the policy. Monitoring was carried out through, for example, audit of medication incidents</p> <p>PD asked whether managers' responsibilities to ensure follow up with staff were clear.</p> <p>SP acknowledged that more work could be done with managers around how to utilise information. It was his belief, however, that the incident reporting policy was not an appropriate place to institute disciplinary processes.</p>	<p>BH</p>

	Action
<p>PD acknowledged that the Trust needed to support its staff whilst adding that the balance also needed to be right for patient safety.</p> <p>PD asked whether the subcontractor issue on page 11 had been solved and whether the work on subcontractor governance had allowed the Trust to speak to the company about the individual concerned.</p> <p>JH confirmed that it had helped to solve the problem.</p> <p>BM stated that page 17 onwards contained a breakdown of incident information. There were currently 27 open incidents, 8 of which were under investigation. The remaining 19 incidents were currently with the Commissioners awaiting their review and closedown. She confirmed that the Trust was currently meeting all due date targets.</p> <p>BM further stated that, in the new Serious Incident framework the Trust would have 60 rather than 45 days to carry out investigations.</p> <p>SP stated that no causal relationships had been found to date between delayed response and severe harm or death of the patient.</p> <p>He further stated that there had been an increase in the number of incidents being reported following the introduction of the 24/7 helpline. The increased amount of available data was proving to be very useful as the more incidents that were reported, the more meaningful analysis could be carried out.</p> <p>SP added that the graph in 4.3 showed a healthy level of staff engagement in the reporting process.</p> <p>PD asked whether the Trust had considered issuing a communication thanking staff for their efforts.</p> <p>BM stated that consideration was currently being given to the most appropriate way to give good feedback.</p> <p>BM stated that response time continued to be difficult to achieve with challenges across all services. EOC complaints had been integrated into the corporate complaints team and this was working well.</p> <p>PD stated it was good to see PTS improving in terms of delivering patients to appointments and taking them home on time.</p> <p>SP stated that, in terms of assessment of complaints, there was currently a sharp focus on the Patient Relations department to get to where the Trust wanted to be.</p> <p>BM confirmed that the escalation criteria for complaints had been tightened up and would be closely monitored.</p>	

	Action
<p>PD noted that there had been a decrease in new claims from the last quarter which was good news.</p> <p>SP suggested that there was a need to increase the number of people who attended Coroners hearings, as the burden was currently falling on three EOC Managers.</p> <p>DM stated his belief that the Trust needed to consider sending operational managers where there was no significant EOC input.</p> <p>JM stated that, nationally, although there was an increase in staff being called to Coroners inquests there remained a lack of information about who should attend so the need for clarification remained.</p> <p>DM suggested that it might be possible to arrange a meeting of the Yorkshire Coroners to try to clarify outstanding questions.</p> <p>Action: JM to arrange a meeting with Yorkshire Coroners to try to clarify questions about appropriate personnel to attend inquests, etc.</p> <p>BM stated that in terms of the common themes listed on page 26, there were no surprises with all of them included in the 'Sign up to Safety' improvement plan.</p> <p>It was noted that there was learning to take on board in terms of safeguarding following a couple of recent domestic homicide issues.</p> <p>JM stated that there were still examples of patients who should have been immobilised following trauma who were not being immobilised, adding that the Trust would need to continue to concentrate on that.</p> <p>PD thanked everyone for a detailed and useful discussion.</p> <p>Approval: The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</p>	JM
<p>7. WORKFORCE</p>	
<p>7.1 Workforce Plan 2015/16 SOL/KS provided the Quality Committee with an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing.</p> <p>SOL stated that the focus on PDR completion and quality remained a significant priority for the department. A lot of work had also taken place in terms of deliverables in the training plan and Workforce Race Equality Standards (WRES).</p>	

	Action
<p>KS stated that a relatively successful Paramedic recruitment event had taken place in April that saw 30 Paramedics; the vast majority of who were new qualified, receiving conditional offers of employment from the Trust.</p> <p>A discussion took place about the possible employment of Paramedics from Australia and the current experiences of London Ambulance Service in that respect. IB stated that the long administration process in terms of their registration was currently the main challenge.</p> <p>It was noted by the Committee that recruitment remained a difficult area and would continue to be for some time.</p> <p>A discussion took place about absence management.</p> <p>KS stated that although absence rates had reduced in March, a deep dive exercise would still go ahead as planned. She was currently working with the NHS 111 team to analyse trends, etc.</p> <p>It was agreed that KS would present an update about absence rates the July meeting.</p> <p>Action: KS to present an update about absence rate trends, etc at the July meeting.</p> <p>KS confirmed that workforce planning was still under way as outlined in sections 10.1 and 10.2, adding that the ADs were currently sharing their service area workforce plans with each other.</p> <p>In terms of industrial relations, KS stated that a lot of work remained on-going behind the scenes. A JSG meeting had taken place earlier that week and progress towards the re-recognition of Unite the Union and GMB and the recognition of the RCN was being made.</p> <p>DM stated that the suggestion of the introduction of 8-hour shifts had been raised during the meeting and a useful debate had taken place.</p> <p>SOL stated that the latest Friends and Family Test staff survey results had been received with 81.48% of staff stating that they would recommend YAS as a service and 47.8% of them stating that they would recommend YAS as a place to work.</p> <p>EB stated her belief that rate of take up for Immediate Life Support (ILS) training with a compliance rate of only 42% was very poor.</p> <p>SOL replied that this had been for a number of reasons; the main one being that issues around getting ILS trainers had led to delays in rolling out the training.</p>	<p>KS</p>

	Action
<p>DM stressed that the ILS training was an absolute priority for completion during 2015/16.</p> <p>PD stated that in terms of skill mix she would like to see a clear delineation of the different roles' responsibilities to allow her to see the differences between the various roles, adding that a skills matrix grid would be very useful as it would allow YAS to identify who would be able to do what and any gaps and therefore risks to the organisation.</p> <p>PD asked whether the proposed skill mix changes were realistically achievable, as she believed this to be one of YAS' greatest risks.</p> <p>DM stated that a summary of roles, scopes of practice, a matrix of who could work with who on which vehicle, the skills progression process, etc was currently being produced. This would address the majority of questions around the roles and hopefully ease some of the concerns.</p> <p>DM further stated that the roles were designed to be progression to the next level so YAS would have a progression process in place that had not really existed previously.</p> <p>DM stated that a modular Paramedic development process had been introduced. The issue around pay protection for those not wanting to stay at that level had also been addressed with only two years' pay protection now available. There was also a refresher course for those remaining at band 5 to enable them to learn new skills.</p> <p>He further stated that close monitoring of skill mix on every vehicle was also underway. For example, not everybody needed a Paramedic; they might just need someone to accompany them to hospital.</p> <p>DM confirmed that the exit strategy for some of the roles needed further work.</p> <p>It was agreed that KS and DM would present an update on skills mix, etc, which highlighted the on-going risks, at the July Quality meeting and that AA should discuss the item with the Chairman as a possible Board agenda item.</p>	
<p>Actions: KS and DM to present an update on skills mix, etc, which highlighted the on-going risks, at the July Quality meeting.</p>	<p>KS/DM</p>
<p>AA to discuss skills mix, etc being a possible Board meeting agenda item with the Trust Chairman.</p>	<p>AA</p>
<p>DM stated this belief that, although it would be a big challenge it was the right thing to do for both patients and staff.</p>	

		Action
	<p>It was agreed that SP should also raise the issue of the proposed skill mix changes in the Quality Committee report to the Audit Committee.</p> <p>Action: SP to raise the issues around the proposed skill mix changes in the next Quality Committee report to the Audit Committee.</p> <p>Approval: The Quality Committee formally reviewed and scrutinised the workforce update report, noted the key risks to the organisation and was assured by the progress made.</p>	SP
7.2	<p>Education and Training Plan 2015/16</p> <p>SOL provided an update on the Education and Training Plan for 2015/16. The report primarily focussed on the Education and Training requirement for A&E Operations due the size and complexity of the requirement for 2015/16 following the workforce plan discussion.</p> <p>SOL stated that it would be a continuous process with DM's team, monitoring, for example, what abstraction would look like on a daily or weekly basis.</p> <p>SOL further stated that the organisation should not underestimate the amount of back room work required when developing new training programmes to ensure that they were correct.</p> <p>Following detailed consideration of the Plan as presented by SOL, the Committee recognised that it would be a significant challenge to the organisation to meet the abstraction rates required.</p> <p>It was agreed that the NEDs' training should be discussed with the Trust Chairman outside the meeting.</p> <p>Action: SOL to discuss NEDs' training with the Trust Chairman outside the meeting.</p> <p>Approval: The Quality Committee discussed and commented on potential priorities for the A&E Education and Training Plan 2015/16 and the wider training needs analysis for the Trust.</p>	SOL
7.3	<p>NHS Staff Survey 2014</p> <p>KS informed the Quality Committee of the results of the 2014 NHS Staff Survey along with an overview of the themes and findings.</p> <p>KS also presented a copy of the cultural audit copy which, following some refinements was ready for circulation.</p>	

	Action
<p>PD asked, in relation to the cultural audit, whether any demographics were available about the individuals being asked to complete it.</p> <p>SOL replied that the demographics information could be found at the back of the questionnaire and its format would allow the returns to be analysed per directorate or CBU if appropriate. It also gave a breakdown of staff in terms of gender, age, ethnic origin, etc.</p> <p>SOL further stated that the cultural audit would provide more pertinent information than the staff survey because it had been designed by a selection of staff and managers.</p> <p>PD stated that she looked forward to receiving more information about how the information gathered as part of the cultural audit was being used in the organisation in due course.</p> <p>Approval: The Quality Committee noted:</p> <ul style="list-style-type: none"> • The results of the Staff Survey 2014; • The agreed Staff Survey Action Plan; • The actions being taken relating to the Cultural Audit (Your Voice – Our Future). 	
8. RISK MANAGEMENT	
<p>8.1 Risk Management Report – Annual Review and Forward Plan BM provided an update on the Risk Management progress throughout 2014/15 and the next steps for 2015/16.</p> <p>The Committee discussed progress against the workplan. It noted that Internal Audit had conducted a review of risk maturity in the Trust and areas identified with scope for further development would be addressed via the 2015/16 Risk Management Plan.</p> <p>BM stated that, in terms of local risk registers, regular 121 sessions took place between the risk manager and risk leads. Monthly Risk Assurance Group (RAG) meetings also took place with actions under way to encourage better attendance.</p> <p>BM confirmed that there had been improvement in local ownership of risks.</p> <p>SP stated that a process was in place around reviewing out of date risks whereby local owners were emailed on a Monday morning for an update, which was picked up and monitored during the week.</p> <p>SP further stated that members of KW and BMs' teams regularly attended local meetings to help develop knowledge of risk management, etc.</p>	

		Action
	<p>BM stated that the Corporate Risk Register was a live document, comprised of all risks across the Trust which had a current overall risk rating of 12 or above, which was reviewed by RAG at its monthly meeting.</p> <p>She confirmed that the final BAF for 2014/15 had been presented to Trust Board in March 2015 and a Board Development Meeting had been held in February 2015 to review the key risks for inclusion in the 2015/16 BAF.</p> <p>Approval: The Quality Committee noted the progress made and supported the development of the Risk Management Plan for 2015/16.</p>	
<p>8.2</p>	<p>Information Governance – Annual Review and Forward Plan BM provided an end of year report on the management of Information Governance and the IG Toolkit (version 12) to provide assurance that those arrangements were being managed effectively.</p> <p>She stated that Version 12 of the IG Toolkit was published on 13 June 2014. The number of ‘requirements’ remained at 35 and there had been no major changes to requirements. The July 2014 baseline assessment was submitted on 31 July 2014 with an overall score of 67% and the performance update was submitted by 31 October 2014 with an overall score of 77%. The final end of year self-assessment submission was made prior to the deadline of 31 March 2015 and the score was 82%.</p> <p>SP stated that the Trust’s IG function had continued to make generally positive progress.</p> <p>PD agreed that the report was very positive.</p> <p>Approval: The Quality Committee noted the current position and was assured in regard to the effective management of Information Governance.</p>	
<p>9.</p>	<p>RESEARCH GOVERNANCE</p>	
	<p>There were no items relating to Research Governance.</p>	
<p>10.</p>	<p>ANY OTHER BUSINESS</p>	
<p>10.1</p>	<p>Issues for Reporting to the Board and Audit Committee PD stated that SP and she would agree the issues for reporting to the Board and Audit Committee outside the meeting.</p>	

		Action
10.2	<p>Review of Meeting Actions and Quality Review of Papers – Annual Committee Review and Work Plan for 2015/16 PD thanked everyone for their time and efforts, adding that the meeting would finish on time.</p> <p>It was her belief that the review carried out by SP prior to the papers being published had worked as the papers had been better-focussed and more about assurance than re-assurance.</p> <p>PD stated that the organisation would have another challenging year ahead of it but a stable executive should improve the stability of the organisation going forward which was tremendous news.</p>	
11.	FOR INFORMATION	
	There were no items for information.	
	The meeting closed at 1200 hours.	
12.	<p>Date and Time of Next Meeting: (0830) 0900-1230 hours 9 July 2015, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**