Yorkshire Ambulance Service NHS Trust

# Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ
**Date:** Thursday 14 December 2017
**Time:** 0830 hours
**Chairman:** **Pat Drake**

**Membership:**

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| Pat Drake | (PD) | Deputy Trust Chairman/Non-Executive Director |
| Erfana Mahmood | (EM) | Non-Executive Director |
| John Nutton | (JN) | Non-Executive Director |
| Steve Page | (SP) | Executive Director of Quality, Governance and Performance Assurance |
| Dr Julian Mark | (JM) | Executive Medical Director |
| Dr David Macklin | (DM) | Executive Director of Operations |

**Apologies:**

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| Dr David Macklin | (DM) | Executive Director of Operations |
| Jackie Cole | (JC) | Divisional Commander South |
| Phil Storr | (PS) | Associate Non-Executive Director |
| Suzanne Hartshorne | (SH) | Deputy Director of Workforce and OD |

**In Attendance:**

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| Andrea Broadway-Parkinson | (ABP) | YAS Expert Patient |
| Anne Allen | (AA) | Trust Secretary (Observer) |
| Christine Brereton | (CB) | Director of Workforce and Organisational Development |
| Claus Madsen | (CM) | Associate Director of Education and Learning |
| Gillian Hart | (GH) | Associate Director Corporate Communications |
| Karen Owens | (KO) | Deputy Director of Quality & Nursing |
| Rachel Monaghan | (RM) | Associate Director of Performance Assurance and Risk |
| Dr Steven Dykes | (SD) | Deputy Medical Director |
| Stephen Segasby | (SS) | Divisional Commander West |
| Paul Mudd | (PM) | Divisional Commander North & East |
| Pauline Archibold | (PA) | Head of Service Central Delivery |
| Tim Gilpin | (TG) | Associate Non-Executive Director (Observer) |
| Keeley Townend | (KT) | Associate Director for Integrated Urgent Care (For Item 6.2) |
| Mandy Exley | (ME) | Insight Programme (Observer) |

**Minutes produced by:**

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| Joanne Lancaster | (JL) | Committee Services Manager |

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| | The meeting commenced at 0915 hours. | |
| **1.** | **Introduction & Apologies**<br>PD welcomed everyone to the meeting.<br><br>Apologies were noted as above.<br><br>The meeting was preceded by a presentation on the 'Rapid Process Improvement Workshop YAS/MYHT' delivered by SP, Darren Lee, Group Station Manager and Robert Brants, Process Improvement Manager.<br><br>The review had focused on the Inter Facility Transfers (IFTs) between the Mid Yorkshire Hospital Trust (MYHT) sites and had included staff from YAS and MYHT. The process had been a positive experience and had resulted in ideas to resolve some of the issues being experienced with IFTs. Transferable learning would be taken to other Acute Trusts with similar issues.<br><br>PD thanked the team for the presentation.<br><br>SD and SS left the meeting at 0900 hours. | |
| **2.** | **Review Members' Interests**<br>Declarations of interest would be noted and considered during the course of the meeting. | |
| **3.** | **Chairman's Introduction**<br>PD thanked the staff of YAS for their hard work and dedication over 2017. She reminded colleagues to raise risks verbally if they had not been highlighted in reports. | |
| **4.** | **Minutes of the Meeting held on 14 September 2017**<br>The minutes of the Quality Committee meeting held on 14 September 2017 were approved as a true and accurate record of the meeting with the exception of the following:<br><br>Page 12, paragraph 10, amend wording to 'ABP had welcomed the opportunity to support the YAS Dementia Friendly review work and had worked with Rebecca Mallinder, Head of Investigations and Learning and her team on the relevant parts of the review.'<br><br>**Matters Arising:**<br>There were no items for discussion that were not addressed through the day's agenda. | |
| **5.** | **Action Log**<br>The Quality Committee considered the open actions on the Action Log.<br><br>Action 2017/031 - To be presented at the July 2018 QC meeting. SP add to the QC workplan. | |

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| | Action 2017/037 - SP advised that work was taking place with BI to produce a concise report. Action closed.<br><br>Action 2017/039 - A full implementation plan for the D&I Strategy would be presented at the March 2018 QC. Action closed.<br><br>Action 2017/040 - A report would be presented to the March 2018 QC.<br><br>All other actions were noted as being appropriately closed. | |
| **11.3** | **For Approval: Quality Committee Terms of Reference**<br>This item was taken out of order of the agenda.<br><br>AA highlighted that the role of Director of Planned and Urgent Care had been replaced by the role of Director of Urgent Care and Integration and this was reflected in the Terms of Reference (ToR) membership. There were no other proposed changes to the ToR. The ToR would go to the Board in February 2018 for final approval.<br><br>**Approval:**<br>**The Quality Committee noted the QC Terms of Reference and recommended they go to the Board for approval in February 2018.**<br><br>*Post Meeting Note: Board date moved to 27 March 2018.* | |
| **6.** | **QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES** | |
| **6.1** | **Quality Governance and Clinical Quality Strategy**<br>The paper provided a summary of quality governance developments and delivery of the Clinical Quality Strategy.<br><br>KO reported that there had been an increased focus on local reporting and learning from EOC incidents over quarter two with the relaunch of the Datix system.<br><br>The largest category of complaints across the Trust related to negative staff attitude and communication skills. Of particular note was the 50% increase in complaints in relation to attitude and communication skills of staff in the South Yorkshire area, particularly in the Rotherham and Sheffield CCG areas. Analysis had highlighted that these issues related to certain demographics of the population, mainly vulnerable people. The findings had been escalated to Sector Commanders for consideration of application of the repeat staff offender process. A deep dive of the issues would be undertaken by a working group reporting to the Clinical Quality Development Forum to better understand these and determine appropriate action. A report was being prepared for TEG and TMG.<br><br>Discussion took place in relation to this and how it fits into the Trust's wider Values and Behavioural Framework piece. | |

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| | Discussion had taken place at TEG in relation to how YAS could learn from the findings of the SECAmb report and consideration was being given to the support and training available to middle managers.<br><br>**Action:**<br>**An update to be presented to the March 2018 Quality Committee in relation to complaints due to staff attitude and behaviour.**<br><br>It was confirmed that any issues in relation to attitude and communication skills of staff within LCD would be discussed at the Governance Committee between YAS and LCD.<br><br>The Critical Friends Network (CFN) had 12 active members and the Trust continued to engage with this group. Ideally the Trust would like a larger group for the CFN to include a wider representation and with this in mind there would be a focus during Q4 to promote the scheme.<br><br>Discussion took place in relation to using the YAS Membership in this regard and it was clarified that the members of the CFN should have experience of using YAS' services.<br><br>**Action:**<br>**Consideration to be given to using the YAS membership to widen the CFN.**<br><br>It was noted that the single Trust-wide Safeguarding Children, Adult and Prevent basic awareness training eLearning product was launched on 1 December 2017; to date 170 staff had completed the new eLearning product. This was supplemented by a two hour face to face Safeguarding training session delivered by safeguarding professionals developed for operational service lines.<br><br>Following feedback and discussion with the Lead Commissioner Wakefield CCG and Local Safeguarding Board managers the current YAS safeguarding referral form had been reviewed and strengthened; there were now three forms which had been launched in October and positive feedback had been received from Local Authorities :<br>• Safeguarding Children Referral Form;<br>• Safeguarding Adult Referral Form (Adult at Risk);<br>• Referral for a Social Care Assessment.<br><br>It was noted that a risk had been added to the Risk Register in relation to provision of immunisation status of all operational staff within YAS including effectiveness of pre-employment screening and re-call for vaccinations. Further assurance was required that People Asset Management (PAM), YAS' current external Occupational Health Provider, had a robust system for checking and recording of staff immunisation status. | **KO/SS**<br><br>**SP** |

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| | A measles outbreak in Leeds had led to a review of staff MMR status and it had highlighted that approximately 20% of staff located in that area did not have up to date MMR records. The Head of Safety had been closely working with PAM to resolve the issue as quickly as possible. It was confirmed that the Trust now had a list of staff whom had not had the measles vaccine; anyone who had had exposure to the measles virus had been taken off the road for 20 days; it was noted the issue had been managed effectively.<br><br>Discussion took place in relation to health care professionals and vaccinations and whether the HCPC would give future consideration to key vaccinations being a requirement to enable people to practice.<br><br>It was noted that the PAM contract was being reviewed. It was suggested that consideration be given to the addition of a risk in relation to the Occupational Health Contract.<br><br>**Action:**<br>**That consideration be given to the addition of a risk in relation to the Occupational Health Contract.**<br><br>The national CQUINs in relation to staff welling and non-conveyance would roll over into 2018/19 given that the current contract was for two years. A new target would be agreed for 2018/19; YAS would propose to Commissioners a 0.5% increase for both Hear and Treat and See and Treat individually with an overall 1% increase in non-conveyance.<br><br>The two local CQUINs for mortality and end to end reviews would continue however these would be reduced in financial value and a third local CQUIN would be developed for 2018/19. The proposed new local CQUIN would be improving the care of patients with respiratory disease. Clinical Governance Group (CGG) had approved the proposal and were aware of the resource and financial implications in terms of the purchase of the required oxygen masks for air based nebulisers.<br><br>JM remarked that a request for a review of the national CQUIN in relation to non-conveyance was being sought as there was a belief across the ambulance sector that the measure was unrepresentative of quality of care, at the right time and in the right place.<br><br>KO outlined the Quality Improvement approach within YAS which would dovetail with the CQC Well-Led Framework. The Trust would be commissioning a Quality Improvement diagnostic which would allow the Trust to understand its strengths and areas requiring development. Alongside this the Trust would establish a cohort of QI fellows to work with the core QI team for a period of twelve months splitting their team equally between their substantive post and the core QI team. | **RM** |

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| | It was noted that there remained a focus on the CQC action plan across the Trust and positive progress was being made against the action plan including within PTS. To date the Trust had no indication when YAS would be re-inspected although it was expected this would be in Q4, 2017/18.<br><br>The QC heard that the Trust's Behavioural Framework would be launched on 11 January 2018. It was noted that TMG had placed a strong focus on PDR compliance and quality throughout Q3.<br><br>**Action:**<br>**For a report to the March Quality Committee on PDR compliance including assurance on any risk associated with PDRs that had not been undertaken for a recurrently.**<br><br>It was noted that all ambulance stations would have received an annual Inspection for Improvement by the end of Q2.<br><br>**Action:**<br>**An overview report of the ambulance stations annual Inspection for Improvement report to be provided to March Quality Committee.**<br><br>KO advised that the six registered nurses continued in the first placement within NHS 111 and this would be formally evaluated in Q4 at which point the nurses would transfer to the Emergency Operating Centre in January 2018.<br><br>It was noted the production of the annual Quality Account 2017/18 had begun with the consultation on 2018/19 priorities currently taking place.<br><br>JM advised that work continued on the Clinical Audit Programme developed in line with the Healthcare Quality Improvement Partnership (HQIP) publication schedule – The National Clinical Audit and Patient Outcomes Programme (NCAPOP) and included national ambulance audit requirements, locally developed and delivered audits, and NICE Quality Statement generated audits.<br><br>RM left the meeting at 1000 hours.<br><br>It was reported that there had been a small number of serious incidents reported where there was a missed diagnosis or delayed diagnosis of a shockable rhythm. The individual SI investigations were continuing however, a thematic review had highlighted some commonalities such as lack of leadership and concerns raised about the quality and frequency of training. Action plans had been raised through the individual reports and there had been an agreement with A&E Operations for Paramedics to receive the necessary training.<br><br>It was noted that only 5 out of the 10 Ambulance Trusts routinely | **CM**<br><br>**SP** |

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| | downloaded data in this regard; the Trust was looking at Department of Health guidelines in relation to reporting this data.<br>SS joined the meeting at 1005 hours.<br><br>Discussion took place in relation to Red Arrest Team (RAT) attendance at cardiac arrest incidents and whether a RAT attendance improved the outcome for that patient. It was believed that RAT attendance improved the quality of the process however it was more likely that a death would be declared on scene as RAT personnel would have the experience and confidence to make that decision.<br><br>**Action:**<br>**A report on RAT attendance at cardiac arrest incidents to be presented to Quality Committee in March 2018.**<br><br>JM advised as part of a CQUIN last year YAS had developed a mortality screening process for the ambulance service and now reviewed all patient deaths when a 'Recognition of Life Extinct' form had been completed. All individual cases where a GP or Health Care Professional (HCP) had had contact with the patient less than 72 hours prior to death were reviewed and the GP or HCP notified. The Mortality Review Group met on a monthly basis and reviewed all cases where it was believed that further learning was required outside of the coronial or SI process and reported to the Clinical Governance Group and the Trust Management Group (TMG).<br><br>JM referred to the compliance of audits for prescription only medicines (POM) previously discussed at the Quality Committee in relation to the North of the region. It was noted that POM audits were generally completed by light duty staff and this had always led to difficulties in the North in addition to the lack of Paramedics available in certain remote stations. The Trust was actively trying to improve compliance and a four point action plan had been initiated.<br><br>PD emphasised the importance of improved compliance with POM audits in the North.<br><br>The Committee noted the reduction in safe key loss and drug vial breakages compared to the same time last year.<br><br>It was noted that a trend had been identified that sometimes the wrong dose and route was being administered to patients, specifically relating to adrenaline. The right drug, right dose, right route message had been raised and highlighted to staff. Further work was being undertaken on the formulations and strengths of medicines to see if the risk could be reduced further. It was confirmed that where there was an issue with a particular member of staff then the individual was removed from the frontline until they could provide assurance that they were competent in correct administration of drugs.<br><br>PD asked whether the Trust was assured on hand hygiene within | **SS/JM** |

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| | PTS.<br><br>KO responded this was improving and the Nurse Development Manager had undertaken unannounced visits which had provided positive results in this regard.<br><br>It was confirmed that staff were reminded about the legal status of patient records and their duty in this regard in relation to the Health Records Audit.<br><br>PD thanked the team for the update.<br><br>**Approval:**<br>**The Quality Committee received the report as assurance that quality governance and clinical quality remained a key priority for the Trust and that related work streams were progressing to plan.**<br><br>KO left the meeting at 1020 hours. | |
| **6.2** | **Service Line Assurance – NHS 111**<br>The paper provided information on the NHS 111 service line and sub-contracted service West Yorkshire Urgent Care.<br><br>It was noted that NHS 111 call volumes continued to grow year on year with an underlying growth of 3.9%. For 2017/18 the calls answered year to date were tracking at ceiling levels overall with outturn expected to be similar to ceiling levels at 1,652,804 calls.<br><br>Call answer performance as of the end of November 2017 was at 91% against a target of 95%. YAS remained above the national average with national call answer rates at October 2017 at 89.7%.<br><br>AA left the meeting at 1025 hours.<br><br>PA arrived at 1025 hours.<br><br>It was noted that clinical performance had improved with additional staffing capacity following successful recruitment of clinical staff and the introduction of home working. Support and governance for NHS 111 clinical home/remote workers had been considered and was now fully in place.<br><br>The clinical queue management process was noted which ensured that any patients waiting for a call back were monitored and appropriately prioritised both in real time and through established audit processes. The queue management process was commended by the Care Quality Commission (CQC) in its published report following inspection of the service.<br><br>The service had an established Winter Plan and this had been shared | |

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| | with Commissioners. The festive period would be the busiest time of the year for NHS 111 with an anticipated 174,000 calls expected within December compared to a typical month of 130,000. Due to the anticipated volume of calls over this period it was expected that the Trust would not always achieve the national performance target during this time.<br><br>There had been positive engagement with the Patient Survey for NHS 111 with 87% indicating that they had followed the advice provided. From the CQC feedback call audit feedback had been identified as an area where the importance of positive face to face discussion was critical in order to create the right culture for staff to develop. The last 12 months had seen an increase from 10% in face to face feedback in 2016/17 to 54% in 2017/18 to date.<br><br>YAS' NHS 111 service continued to have a low referral percentage to both 999 and the Emergency Department when benchmarked nationally.<br><br>It was noted that there had been a number of changes to the NHS 111 workforce this year including the restructure to the leadership team, closure of the York call centre and increased support for staff with dedicated Call Centre Managers within the two locations of Wakefield and Rotherham. The restructure had also supported an increase in team leaders and an introduction of the senior call handler role. This would provide career development opportunities.<br><br>The Committee heard that sickness absence within NHS 111 remained challenging predominately due to the intensity of call centre work. To better understand the issues in relation to sickness absence Call Managers had met with Team Leaders to discuss possible reasons preventing people from attending work.<br><br>Staff within NHS 111 had responded positively to the flu vaccination programme with the vaccination level over the 75% target; the highest in the Trust for a front line service.<br><br>YAS' NHS 111 had applied for NHSE funding to support projects to support staff through a programme of initiatives. The application had been successful securing £115k of funding to deliver three projects:<br>• Team leader training and development programme;<br>• Mental Health and Wellbeing;<br>• 'Hello my name is' campaign.<br><br>These would take place in Quarter 4 and form part of a national evaluation.<br><br>PDR compliance would be a focus within the service over the coming months and it was expected that PDR compliance would be achieved by the end of the financial year. | |

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| | **Action:**<br>**For assurance on PDR compliance for NHS 111 to be provided to Quality Committee at the March 2018 meeting.**<br><br>Information on the performance of West Yorkshire Urgent Care (WYUC) was provided and it was noted that it continued to be challenging especially for the 1 hour and urgent 2 hour group of patients that were significantly below the 95% target.<br><br>Following the WYUC independent review in 2017 a WYUC task and finish group was established by Commissioners to undertake a series of actions across the patient pathway to support improvements. A workshop with the independent reviewers and the Commissioners had taken place on 6 December and this had been a positive meeting although it was acknowledged that there was a lot of work still to do. Some of this was due to the wider health economy.<br><br>The NHS 111 team continued to play a significant part in the innovation of the service both locally and nationally.<br><br>PD thanked KT for the update and she stated that she had particularly welcomed the assurance in relation to the actions in regard to WYUC.<br><br>**Approval:**<br>**The Quality Committee noted the update report taking assurance on performance across the NHS 111 service line and noted service developments.**<br><br>PM arrived at 1040 hours. | **CM/KT** |
| **6.3** | **Review of Quality Impact Assessments 2017/18 CIPs**<br>The paper outlined the progress made in completing the Quality Impact Assessments (QIAs) of the Cost Improvement Plans (CIPs) and reports on the monitoring of indicators relating to the safety and quality of service for 2017/18 schemes.<br><br>The major schemes were progressing as follows:<br>• The PTS transformation programme milestones were in the process of being recast and the management structure was almost complete;<br>• A&E Efficiencies and Field Operations Re-organisation – This had been reworked and refocused into the A&E Operational Delivery Improvement Plan and all projects within this would have agreed quality measures and impact on performance targets;<br>• A&E contract – As part of the contract negotiations for A&E a QIA was completed for the agreed contract settlement for 2017/18. Metrics were monitored on a weekly basis and no adverse impact on safety had been seen. The QIA was being refreshed and would be signed off appropriately within YAS;<br>• Reconfiguration QIA – The potential impact on quality had | |

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| | been reported to the A&E Contract Management Board (CMB) specifically in relation to the Mid Yorkshire NHS Trust and the Calderdale and Huddersfield NHS Trust reconfigurations.<br><br>Work was being undertaken in regard to the A&E contract and the impact of the Ambulance Response Programme (ARP).<br><br>A series of deep dives had taken place in November and December to gain a better understanding of current and potential challenges and measures that could be introduced to ease financial pressures and improve efficiencies in 2018/19.<br><br>It was noted that some of the CIPs had been delivered on a non-recurrent basis which caused underlying recurrent financial risks for future years. It was confirmed that TEG and TMG remained focused on identifying and delivering recurrent CIP savings.<br><br>PD thanked KO for the update.<br><br>**Approval:**<br>**The Quality Committee noted the paper and gained assurance with regard to the current position of the QIA monitoring and actions to mitigate emerging key risks.** | |
| **6.6** | **A&E Update**<br>This was taken out of order of the agenda.<br><br>The QC heard that the presentation was provided in the wider context of change and uncertainty within the wider health community and in regard to the unknown relating to the introduction of the ARP.<br><br>Year to date performance was considered and it was noted that the Trust needed to be confident that performance against national standards was being measured in a robust and consistent way across the ambulance sector. The Trust was performing consistently against the Category 1 standard however there were challenges with performance in relation to the Category 2 standard. It was noted this was the category with the greatest number of patients.<br><br>Discussion took place in relation to calls by Health Care Professionals (HCPs) particularly in relation to those requesting a quick response and the appropriateness of some of these calls.<br><br>JM reported that there was a national piece of work taking place in relation to Inter Facility Transfers (IFTs) and it was expected that following this behaviours would change in relation to IFTs.<br><br>SS emphasised that the IFT process was being managed robustly and safely within EOC.<br><br>JM commented that the Trust should ensure its process was fair and | |

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| | equitable for all patients.<br><br>SS advised that there had been some challenges in the South of the region relating to the Category 2 standard. This was being highlighted as a concern and being investigated to understand the issues.<br><br>PD referred to the earlier discussion at Item 6.1 of the agenda relating to patient complaints about staff communication and behaviour in the South.<br><br>**Action:**<br>**For a progress update to be presented at the next QC meeting in March 2018 relating to complaints in relation to staff communication and behaviours in the South of the region.**<br><br>**Action:**<br>**For performance against the Category 2 ARP standard in the South of the region to be highlighted to the Audit Committee.**<br><br>It was noted that there had been a lot of clinical recruitment activity in September and October 2017 with staff due to start in January and February 2018. Attrition rates in November and December 2017 had been higher than expected; of particular note was the attrition from the university Paramedic courses.<br><br>KO re-joined the meeting at 1105 hours.<br><br>PM advised that there had been a lot of work undertaken to attract Paramedics to the Hull and East Yorkshire area of the region and the vacancy factor had reduced. Work was continuing with Hull University on their Paramedic Programme.<br><br>SS presented the financial position of A&E Operations and it was noted the underspends related to:<br>• Vacancies within the A&E frontline staffing;<br>• Low uptake of overtime hours;<br>• EOC vacancies;<br>• Unallocated funding.<br><br>The service was encouraging staff to uptake overtime and posts were being recruited to. Working with colleagues in PTS and utilising PTS resource for low acuity patients had been developed to alleviate some of the activity pressure.<br><br>The future financial position would be dependent on the A&E contract settlement 2018/19 and this was highlighted as a cost pressure.<br><br>SS presented the developments and achievements within A&E Operations which some had already had a positive impact on the service.<br>PM explained that in terms of quality issues considerable work had | **SS/JC**<br><br>**SS/SP** |

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| | been undertaken engaging with staff on the Trust's Values.<br><br>PD referred to a previous discussion in relation to the Capability Policy and questioned whether this was utilised effectively within the service.<br><br>Discussion took place in relation to this and it was confirmed that wherever possible issues were resolved with staff and management in a supportive way. It was acknowledged that some managers required support and development with some management skills.<br><br>It was confirmed that there was a strong focus on hospital turnaround times and that escalation was taking place appropriately. The hospital reconfigurations across the region were also being monitored.<br><br>It was agreed that vehicle availability should be raised as a risk to the Audit Committee.<br><br>**Action:**<br>**Raise vehicle availability within A&E Operations as a risk to the Audit Committee.**<br><br>It was confirmed that a post implementation review of the A&E rotas would take place to ensure that these were robust and provided the appropriate level of cover particularly in light of the introduction of ARP. It was not anticipated that there would be massive changes although it might be possible there were tweaks to rotas at a local station level.<br><br>SP advised that the ARP would also drive changes to the A&E Operational model.<br><br>PD indicated that she believed the post implementation review of the rotas still presented a risk and should be highlighted to the Audit Committee.<br><br>**Action:**<br>**The post implementation review of the A&E rotas should be highlighted to the Audit Committee as a risk.**<br><br>PD thanked the team for their update.<br><br>**Approval:**<br>**The Quality Committee noted the update report taking assurance on performance across the A&E service line and noted service developments.**<br><br>SS, PM and PA left the meeting at 1135 hours. | **SS/SP**<br><br>**SS** |
| **6.4** | **Expert Patient Report**<br><br>ABP provided a verbal update on activities undertaken since the last | |

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| | Quality Committee meeting in September 2017.<br><br>ABP provided a verbal update on activities undertaken since the last Quality Committee meeting in September 2017.<br>She advised that she had co designed the PTS Renal Patients Hand Hygiene Audit pilot strategy plan with YAS Head of Safety and YAS PTS Patient Relations Manager. The project would be taken forward and implemented by YAS colleagues with renal Patients undertaking the actual audits in 2018.<br><br>She had also been working with the Moving Patients Safely Group (MPSG) c/o YAS Head of Safety to progress a co designed review of supporting patients with complex mobility needs. The focus to date had been on processes to support Bariatric patients.<br><br>ABP had continued to advise and support the development and recruitment strategy of YAS Critical Friends Network (CFN). There were still CFN recruitment challenges and YAS colleagues were progressing publicity and recruitment efforts via GPs. The current cohort of CFN members were experts through extensive YAS and other service user experience and very well positioned to advise YAS, subject to adequate resourcing and support.<br><br>She had joined YAS and NHS Improvement colleagues the previous week to help review YAS' patient and public involvement approach as part of the patient safety and patient experience work agendas.<br><br>She remarked that she welcomed the launch and implementation of the Diversity and Inclusion (D&I) Strategy within the Trust and that she had been invited by D&I Team colleagues to join the YAS Disabled Staff network and input to the pending NHS Disability Equality Standard implementation discussions at YAS in due course. This would be subject to SP approval.<br><br>ABP advised that the Expert Patient role review was still on going and related to YAS patient voice input opportunities and developments.<br><br>A fuller written update report would be provided at the next Quality Committee in March 2018.<br><br>PD thanked ABP for the update.<br><br>**Approval:**<br>**The Quality Committee received the YAS Expert Patient verbal report on actions since the last meeting for information.** | |
| **6.5** | **Significant Events/Lessons Learned**<br>The report provided an 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. | |

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| | It was noted that a key theme identified during Q2 SIs related to the management of cardiac arrests. On-going work was taking place including additional guidance provided to staff. Other actions identified include a review of the frequency of clinical supervision and assessment and strengthening of the induction package of new entrants into the service.<br><br>Following an SI investigation involving a delay during a planned event work was ongoing to review the management of road closures, particularly planned ones.<br><br>The Trust was in the process of reviewing the Driving at Work Policy to further strengthen the processes in relation to management of vehicle related incidents.<br><br>ME arrived at 1155 hours.<br><br>The Moving Patients Safely Group had reviewed the Moving and Handling training given to all staff groups and developed a more practical training session with over 4 hours face to face contact.<br><br>The proportion of incidents coded moderate or above remained in line with previous quarters and provided assurance that YAS was acting on low level incidents to reduce the number of higher severity incidents.<br><br>It was noted that one of the highest categories within staff related incidents was Violence and Aggression with a spike in the number of these reported in May 2017. This correlated with the overall Trust incident reporting trend and had been attributed to the re-launch and awareness raising of the Datix system.<br><br>During this period no Prevention of Future Death (PFD) reports had been received by the Trust.<br><br>It was noted that the safeguarding training strategy for YAS was being reviewed and key themes and learning from previous reviews would be incorporated into the Trust-wide Safeguarding Children and Adult training.<br><br>The Trust had received one query from the Health and Safety Executive (HSE) during the last period which related to two members of staff who had been exposed to a patient with Tuberculosis (TB). The HSE main query related to the Trust's processes and after reviewing these and the protocol for TB they were satisfied with the response from the Trust and had not indicated any further action.<br><br>It was reported that 18 Freedom to Speak Up (FTSU) concerns had been raised through the FTSU process during Q2.<br><br>SP confirmed that with regard to claims management the main risk | |

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| | was in relation to the strict timescales in which the Trust was required to provide documents and evidence of investigations. Obtaining this information from departments remained challenging although it was an improving picture.<br><br>PD thanked SP for the update.<br><br>**Approval:**<br>**The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.** | |
| **7.** | **WORKFORCE** | |
| **7.1.1** | **Workforce and Organisational Development Update**<br>The paper provided an overview of matters relating to a range of workforce issues including education and training, diversity and inclusion and employee wellbeing.<br><br>CB advised that a Workforce Strategy would be developed and aligned to the Organisational Strategy.<br><br>The Occupational Health contract expired in September 2018 and a paper would be provided on the Trust's options going forward. In the interim a plan was in place to manage the contract until its conclusion.<br><br>The Values and Behavioural Framework would be launched on 11 January 2018. There would be a Board presentation on the implementation of the Framework and a communications plan had been developed.<br><br>The flu campaign had been successful in encouraging more staff to get vaccinated and the Trust currently stood at 59.4%. The Trust required 27 more members of staff to receive the flu vaccine to achieve 60% which enabled the Trust to access half the CQUINs fund.<br><br>It was noted that the 2017 staff survey had seen a 35% return rate for the Trust. It was expected the results would be available in February 2018. It was important that the Trust explored the themes and trends from the staff survey results and develop an action plan to address issues raised; this work would be undertaken by the Strategic Workforce Group for onward consideration by TEG and the Board.<br><br>**Action:**<br>**For the Staff Survey 2017 action plan to be presented to the Quality Committee at the June 2018 meeting.**<br><br>CM reported that PDR compliance had improved and it was now a focus of the Trust to ensure the quality of the process going forward. Quarterly reports would be presented to TMG.<br><br>PD thanked CB for the update. | **CB** |

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| | **Approval:**<br>**The Quality Committee noted the update and gained assurance by the progress made within the Workforce and Organisational Development Directorate.** | |
| **7.1.2** | **Workforce Directorate: Update on Outstanding Audit Actions**<br>The paper provided an update and assurance on the outstanding audit actions within the Workforce Directorate.<br><br>CB advised that all but one action was either on-going or had been completed. The action that was outstanding related to the Electronic Staff Record (ESR) project and as this was a national project the timescales were not under the control of YAS.<br><br>PD and CM formally noted thanks to SH and CM and teams for their hard work in addressing the audit actions.<br><br>The Quality Committee had gained sufficient assurance on the progress of the outstanding audit actions so it was agreed the item would now form part of the general update from the Workforce and Organisational Directorate and did not need to be a separate agenda item.<br><br>**Action:**<br>**Remove the item from the agenda and future updates of the audit actions to be provided in the general Workforce and Organisational Development paper.**<br><br>PD thanked CM for the update.<br><br>PD thanked SH for the update.<br><br>**Approval:**<br>**The Quality Committee noted the update and gained assurance that the Outstanding Audit Actions were on plan.** | **CB** |
| **7.2.1** | **Education and Training Plan Update**<br>The report provided an overview of matters relating to education and training and the training plan.<br><br>It was noted that the delivery of training remained on track against the workforce plan.<br><br>There had been a successful bid through HEE in Yorkshire and the Humber to allow Paramedic Academic Top Up programmes to be offered to Paramedics that did not hold a Level 6 or greater. The bid secured funding for 60 Paramedics and would commence in the next financial year (2018/19).<br><br>It was noted that an extended and enhanced statutory and mandatory | |

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| | training programme for A&E Operational staff had commenced in July 2017; this was also now available for PTS Operational staff.<br><br>Management training continued and 49 managers had undertaken the 'Unlocking Potential – the PDR process for managers' course with a further 54 managers booked on for training in the coming months. This focused on making the PDR a quality and productive process.<br><br>CM confirmed that the management essentials programme in addition to the Learning and Development Managers would support and develop managers across the Trust with the necessary and appropriate leadership skills.<br><br>CM highlighted one exception to the Committee in relation to the national Band 6 Paramedic Re-banding; the Trust had completed everything required from a national perspective to date, there was some work still on-going. Work had been undertaken to identify those Paramedics who would require training to attain the Band 6 skills; abstraction would be factored in over a two year period.<br><br>PD noted the continued pressure on placements within the Trust.<br><br>PD asked whether the Trust would be compliant in relation to Information Governance (IG) training.<br><br>CM responded that the new IG training had just been launched. Completion was positive against numbers at the same point last year.<br><br>PD thanked CM for the update.<br><br>**Approval:**<br>**The Committee noted the update and gained sufficient assurance on the training and education plan. The risk in relation to placements was noted.** | |
| **7.2.2** | **Apprenticeship Levy Quarterly Update Report**<br>The paper provided assurance regarding the apprenticeship levy.<br><br>CM confirmed that the Trust was awaiting approval of non-clinical and clinical/EOC/111 standards; without approval this would impact on maximising the levy to its full potential.<br><br>The Trust would not know whether YAS had been approved on the Education Skills Funding Agency Training Provider register until 2018.<br><br>**Approval:**<br>**The Quality Committee noted the paper and gained assurance that the Apprenticeship Levy was being managed effectively with the Trust.** | |
| **7.3** | **Staff Communications and Engagement** | |

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| | The paper outlined the progress made and tactics planned for the communications activity of the Trust.<br><br>The Communications team continued to provide internal and external communications for the Trust in addition to being involved with events and strategy work such as the Values and Behavioural Framework and the Diversity and Inclusion Strategy.<br><br>The team used a variety of mediums in its engagement work including traditional forms and social media.<br><br>The Restart a Heart Day 2018 would be launched in January 2018 and it was hoped to build on the success of the previous restart a heart campaigns.<br><br>Work was on-going to establish a social media solution for internal use within the organisation. A joint bid with North East Ambulance Service (NEAS) had been produced for a bespoke media platform.<br><br>PD remarked that communications were everyone's responsibility and it was important that senior managers within the organisation engaged with the communication process.<br><br>PD thanked GH for the update.<br><br>**Approval:**<br>**The Quality Committee noted the update.** | |
| **6.7** | **Programme Management Office (PMO) Update**<br>This item was taken out of order of the agenda.<br><br>The paper provided an update on the Trust's four Transformational schemes and the outcome of respective deep dives, plus developments within the PMO function.<br><br>It was noted that the Urgent Care programme was currently under review with a workshop scheduled for December to prioritise work streams that would deliver the Integrated Urgent Care (IUC) Specification. This would enable the Trust to meet the deadline set within the IUC Specification in 2018/19 with an aim to progress with the work streams in January 2018.<br><br>PD thanked RM for the update.<br><br>**Approval:**<br>**The Quality Committee noted the update and gained assurance that the Project Management Office was assured of the effective management of the various projects and initiatives across the Trust.** | |
| **8.** | **RISK MANAGEMENT** | |

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| **8.1** | **Risk Management Report Annual Review and Priorities for 2017/18**<br>The paper provided an update on quarterly projections on the BAF 2017/18 in Quarter 2. It provided details of changes to the Corporate Risk Register (CRR) and highlighted 'red' risks on the CRR.<br><br>RM referred to risk 1039 'FOI Compliance' which had been added to the CRR since the last meeting. She was pleased to confirm that there had now been significant improvement in response times and compliance was back on track.<br><br>In relation to risk 252 'Vehicle Deep Cleaning' this had also seen improvement. It would remain on the CRR until absolute assurance was gained in this regard.<br><br>RM confirmed that the risk in relation to the measles outbreak had been put on the CRR.<br><br>Consideration would be given as to whether the risk in relation to staff attitude and behaviour would be placed on the CRR.<br><br>CM remarked that risk 1048 'Paramedic band 6 upskill' should read £1.55m funding not the £1.3m stated.<br><br>JM referred to risk 983 'Ineffective breathing' and provided assurance that the necessary additional guidance and training had been provided to staff. This had resulted in YAS' Category 1 standard calls being an outlier. Analysis was being undertaken on this.<br><br>PD thanked RM for the update.<br><br>**Approval:**<br>**The Quality Committee noted the progress made and key changes to the risk profile and gained assurance from the robust processes currently in place to manage risk across the Trust.** | |
| **9.** | **RESEARCH GOVERNANCE**<br>No items for discussion. | |
| **10.** | **ANY OTHER BUSINESS** | |
| **10.1** | **Issues for reporting to the Board and Audit Committee**<br>PD summarised the items to be presented to the Board and Audit Committee. | |
| **11.** | **FOR INFORMATION** | |
| **11.1** | **IPR – Workforce and Quality**<br>The report was noted. | |
| **11.2** | **Quality Committee Workplan** | |

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| | This item was noted.<br><br>The meeting closed at 1230 hours. | |
| **12.** | **Date and Time of Next Meeting:**<br>(0830) 0900-1230 hours<br>15 March 2018, Kirkstall and Fountains, Springhill 1, WF2 0XQ | |

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

_____ **CHAIRMAN**

_____ **DATE**