



## Quality Committee Meeting Minutes

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

**Date:** Thursday 14 September 2017

**Time:** 0830 hours

**Chairman:** Pat Drake

### Membership:

|                  |      |   |
|------------------|------|---|
| 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 Philip Foster | (PF) | Director of Planned and Urgent Care                                 |
| 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         |
| Dr Julian Mark   | (JM) | Executive Medical Director               |
| Dr Philip Foster | (PF) | Director of Planned and Urgent Care      |
| Ronnie Coutts    | (RC) | Non-Executive Director                   |
| Mark Millins     | (MM) | Associate Director of Paramedic Practice |
| Jackie Cole      | (JC) | Divisional Commander South               |
| Alan Baranowski  | (AB) | Divisional Commander West                |
| Paul Mudd        | (PM) | Divisional Commander North & East        |
| Barrie Senior    | (BS) | Non-Executive Director (Observer)        |

### In Attendance:

|                           |       |  |
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| Andrea Broadway-Parkinson | (ABP) | YAS Expert Patient                                   |
| Anne Allen                | (AA)  | Trust Secretary (Observer)                           |
| Claus Madsen              | (CM)  | Associate Director of Education and Learning         |
| Elain Gibson              | (EG)  | Head of Corporate Communications                     |
| Karen Owens               | (KO)  | Deputy Director of Quality & Nursing                 |
| Phil Storr                | (PS)  | Associate Non-Executive Director                     |
| Rachel Monaghan           | (RM)  | Associate Director of Performance Assurance and Risk |
| Dr Steven Dykes           | (SD)  | Deputy Medical Director                              |
| Stephen Segasby           | (SS)  | Divisional Commander West                            |
| Suzanne Hartshorne        | (SH)  | Deputy Director of Workforce and OD                  |
| Tim Gilpin                | (TG)  | Associate Non-Executive Director (Observer)          |
| Clare Ashby               | (CA)  | Head of Safety and IPC Lead (For Item 6.6)           |

### Minutes produced by:

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| Joanne Lancaster | (JL) | Committee Services Manager |
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|  | <b>Action</b> |
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| <p>The meeting commenced at 0900 hours.</p>  |               |
| <p><b>1. Introduction &amp; Apologies</b><br/> PD welcomed everyone to the meeting.</p> <p>Apologies were noted as above.</p> <p>The meeting was preceded by a presentation delivered by the Fleet, Estates and Facilities team:</p> <ul style="list-style-type: none"> <li>• Emma Bolton, Director of Fleet, Estates &amp; Facilities;</li> <li>• Richard Moyes, Head of Fleet Services;</li> <li>• Andrew Owen, Head of Medical Equipment;</li> <li>• Darren Parkinson, Acting Head of Facilities Management;</li> <li>• Paul McGuinness, Head of Property and Projects;</li> <li>• Louise English, Property and Information Officer.</li> </ul> <p>The team highlighted the significant amount of work that had been undertaken to improve all areas of the Directorate. There had been a management restructure and a supervisory structure implemented and this had provided clearer accountability.</p> <p>PD thanked the team and remarked that she had gained significant assurance in regard to the work within the Fleet, Estates and Facilities Directorate.</p> <p>It was noted that the Divisional Commanders, with the exception of SS, had been unable to attend today's meeting due to prior commitments. PD emphasised that she would hope that the Divisional Commanders would attend the next Quality Committee meeting for items associated with A&amp;E Operations to enable an informed discussion about achievements and challenges at a more localised level.</p> <p>PD requested that in PF's absence a representative from PTS attends the Quality Committee.</p> <p>PD welcomed Ian Ferguson, A&amp;E Advisor to the meeting.</p> |               |
| <p><b>2. Review Members' Interests</b><br/> Declarations of interest would be noted and considered during the course of the meeting.</p>   |               |
| <p><b>3. Chairman's Introduction</b><br/> PD welcomed that performance exception reporting had been embedded within reports and she asked that issues were also raised verbally by exception.</p> <p>She referred to the challenging times ahead for the health community particularly in relation to service delivery over the winter period.</p>   |               |

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| <p><b>4. Minutes of the Meeting held on 15 June 2017</b><br/>The minutes of the Quality Committee meeting held on 15 June 2017 were approved as a true and accurate record of the meeting.</p> <p><b>Matters Arising:</b><br/>ABP referred to Item 6.5 – Expert Patient Report and advised that the Diversity and Inclusion Steering Group meeting date had been changed from 28 July to 30 August 2017.</p> <p>There were no other items for discussion that were not addressed through the day’s agenda.</p>   |               |
| <p><b>5. Action Log</b><br/>The Quality Committee considered the open actions on the Action Log.</p> <p>Action 014/2017 – Clarify figures relating to Patient Experience Survey – this had been actioned. Closed.</p> <p>Action 017/2017 – Guidance and support on producing patient facing leaflets – EG advised that new guidance had been received from NHSE on branding and this had been incorporated into staff guidance when producing YAS internal and external documents. The Trust used Plain English and alternative formats. It was confirmed that all patient facing literature should be channelled through the Communications Team. It was suggested a simple flowchart be designed so that staff were aware of the process to follow when producing patient facing leaflets. Action closed.</p>  |               |
| <p><b>6. QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b></p>  |               |
| <p><b>6.1 Quality Governance and Clinical Quality Strategy</b><br/>The paper provided a summary for quality governance and delivery of the Clinical Quality Strategy.</p> <p>KO advised that the Clinical Strategy had been informed through the recommendations of the Francis Inquiry into Mid-Staffordshire NHS Trust and advised that YAS’ Clinical strategy was meeting these recommendations.</p> <p>It was noted that although the number of complaints had increased the response time to these had reduced. The number of Ombudsman complaints was minimal compared to peers.</p> <p>The largest category of complaints against the Trust related to delayed responses to Inter/Intra Hospital Transfers (IHT). There had been a significant increase in the number of these complaints with the majority of them in the Sheffield CCG area. Discussions had taken place with Sheffield Commissioner’s Quality Lead and Sheffield Teaching Hospitals Trust in relation to the volume of IHT and Admission delays. Joint work continued to fully understand the issues and a joint action plan had been developed.</p> |               |

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| <p>SD advised the issue had been discussed at the National Directors Operations Group (NDOG) and National Ambulance Service Medical Directors (NASMED) meetings in relation to the inappropriate use of IHTs.</p> <p>SS added that Jackie Cole, Divisional Commander (South) was undertaking work for an Intermediate Tier resource which would go live on 1 October 2017. He had also spoken with Jo Pollard at Wakefield CCG about the issue.</p> <p>PD asked that a specific piece be brought to Quality Committee.</p> <p><b>Action:</b><br/> <b>A specific piece in relation to Inter/Intra Hospital Transfers to be brought to December Quality Committee.</b></p> <p>SD remarked that the number of Acute Trust reconfigurations across the region was affecting patient flow.</p> <p>SP advised the issue was being discussed with relevant parties at the Acute Trusts and the Lead Commissioner for A&amp;E Services.</p> <p>SS advised that discussions with Mid-Yorkshire NHS Trust had been productive and positive with joint short term solutions developed to lessen the impact on YAS through the reconfiguration of their services.</p> <p>KO explained that a number of initiatives were planned to expand the Critical Friends Network (CFN) over the coming months. Recruitment to the network continued with a number of Community Engagement Events attended by the team to promote the CFN. During the quarter the CFN had worked with YAS on the Accessible Information Standard and had provided feedback on the proposed survey questions for the PTS Alternative Transport Service User survey.</p> <p>It was noted that e-learning Safeguarding level 2 training would be rolled out the following month; this would be supplemented by a two hour face to face session for specific service lines.</p> <p>The safeguarding referral process had been streamlined to three referral forms:</p> <ul style="list-style-type: none"> <li>• Safeguarding Children Referral Form;</li> <li>• Safeguarding Adult Referral Form;</li> <li>• Referral for a Social Care Assessment.</li> </ul> <p>In addition work had been undertaken with staff so they understood which form to use, when and why. The SBAR methodology had been incorporated into the form which would make it easier for staff to understand.</p> <p>The Head of Safeguarding had been working with Local Safeguarding</p> | <p><b>SS/KO</b></p> |

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| <p>Boards which was a positive piece of partnership working.</p> <p>KO referred to the CQUINs and advised that not all of these were for a two year period so there was some flexibility. SD and KO were jointly working on developing a CQUIN to improve the care of patients with respiratory disease with a trial of air driven nebulisers.</p> <p>It was noted the Board (310817) had approved that the Clinical Quality Strategy be reformed as a whole organisation Quality Improvement Strategy whilst still retaining a strong focus on specific safety, effectiveness and experience priorities.</p> <p>KO advised that a presentation had been delivered to the Leadership Conference on 5 September which had outlined the new approach of Quality Improvement across the Trust aligning this to the Vision and Values (Empowerment).</p> <p>She advised that work continued in the development of the Quality Improvement Strategy with a provisional communication and engagement plan being progressed. The development of capacity in the central QI team continued and suitable education and support was being assessed. A session was planned with TMG to discuss how they could support the process.</p> <p>PD believed that it was important that the Trust could demonstrate that the Quality Improvement Process covered everything including the absolute 'must do's' and that it worked for YAS. She asked that a progress report be brought to Quality Committee in December.</p> |               |
| <p><b>Action:</b><br/> <b>A progress report on the Quality Improvement Strategy and process to be presented at the next Quality Committee in December.</b></p>   | <b>KO</b>     |
| <p>KO advised that work continued against the Care Quality Commission (CQC) Action Plan; there remained a strong focus on Patient Transport Services (PTS).</p> <p>SP added that there had been some key appointments in the PTS management structure so it was expected that progression against the CQC Action Plan for PTS would now move at pace.</p> <p>PD asked for a further update in relation to CQC standards.</p>   |               |
| <p><b>Action:</b><br/> <b>For a further update in relation to CQC standards.</b></p>   | <b>KO</b>     |
| <p>SP remarked that the new inspection approach by CQC was on a risk based basis; specific service areas would be inspected in addition to a corporate assessment.</p> <p>It was noted that the nursing agenda continued at local, regional and</p>  |               |

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| <p>national level. There had been a meeting of Quality Governance and Risk Directors (QGaRD) ambulance national group discussing a paper which proposed a multi-professional clinical career framework for a variety of disciplines within the ambulance sector. The framework was aligned to the Paramedic Career Framework with additional details and it was now out for consultation and comment.</p> <p>PD asked that a presentation on the Multi Professional Workforce be presented at the next Quality Committee in December.</p> <p><b>Action:</b><br/> <b>That a presentation on the Multi Professional Workforce be presented at the next Quality Committee in December.</b></p> <p>On a local level work continued with the Local Workforce Action Boards (LWABs). YAS was currently actively engaged with Humber, Coast and Vale LWAB in relation to the development of the Advanced Clinical Practitioner role.</p> <p>SP remarked the LWAB and other local developments presented positive opportunities for YAS but there was also a risk for YAS in terms of drift into the health system workforce and had been flagged as a risk for the Trust.</p> <p>KO advised that six registered nurses continued on the first placement within NHS 111 and were successfully completing the NHS Pathways training. Competencies and learning outcomes for the 999 placement were being developed. Evaluation would be undertaken on the internships.</p> <p>It was noted that Inclusion North had been commissioned to produce an accessible version of the Quality Account that met the requirements of the Accessible Information Standard; formal thanks to Inclusion North were noted.</p> <p>YAS' Freedom to Speak Up process had been reviewed in July and there had been some learning taken from the review. YAS had been identified as a national exemplar for Freedom to Speak Up.</p> <p>SD advised that some updates to the ACQI had been briefly announced with the ARP go live. The Stroke 60 or Stroke 180 measure continued to be discussed at NASMED meetings to determine how the data would be provided.</p> <p>YAS attended 699 cardiac arrests in quarter 1 and achieved a Return of Spontaneous Circulation (ROSC) in 206 patients (29.5%). The Survival to Discharge for April – June 2017 was 10.2% for all cardiac arrests attended by YAS and 22.5% for the Utstein group. There had been a downward trend in Red Arrest Team (RAT) attending cardiac arrests from 2016/17; with RAT trained Paramedics only attending 30% of cardiac arrests in Quarter 1 (vs 50% in Q4</p> | <p>KO</p> |

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| <p>2016/17). There was a statistically small association with the attendance of a RAT Paramedic with improved survival to discharge and further work was underway to look at the RAT model.</p> <p>Discussion took place in relation to RAT attendance and it was explained that it was not a guaranteed service for cardiac arrest calls and that it had never been formally adopted as part of the Clinical Supervisor role. Work was on-going to investigate RAT attendance and patient outcomes.</p> <p><b>Action:</b><br/> <b>A specific report on the Red Arrest Team work and outcomes to the December Quality Committee.</b></p> <p>The wound care audit showed some improvements in documentation. Although a small audit this provided assurance that YAS staff with specialist wound closure skills had good documentation and a good approach to patient follow up. A re-audit would take place in 12 months with a larger sample of patients.</p> <p>Ten Clinical Case Reviews (CCRs) had highlighted several cases where clinical staff did not use the tools provided for them, notably the spinal immobilisation tool and the MTSTS. The key theme across the 10 CCRs was documentation and actions had been taken to address this including looking at the Training and Education aspect.</p> <p>SD explained that within the ambulance sector the monitoring of mortality was not commonly defined nor was it usually collected. YAS did undertake such data collection and monitoring exploring all available Recognition of Life Extinct (ROLE) forms and therefore the deaths in the care of the service. This work supported the Trust's other safety systems. It was planned to extend the monitoring and data collection to those patients that passed away within 4 hours of being handed over to the Emergency Department.</p> <p>Work continued on the development of an electronic patient record and the clinical directorate had been engaged in the process to ensure that the content of this was clinically accurate. It was noted that there was a proposal to TEG to approve a pilot for the use of the ePR with Rotherham Hospital.</p> <p>SD advised that good progress had been made with medicines management although the most recent Prescription Only Medications audit showed that the North had lower compliance. It appeared this was due to the reduced number of staff in the North being on alternative duties and being available at base.</p> <p><b>Action:</b><br/> <b>A compliance report on Prescription Only Medications compliance report for the North of the region to be presented to the December Quality Committee.</b></p> | <p>SD</p> <p>SD</p> |

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| <p>Discussion took place in relation to the role of the Clinical Supervisors ensuring staff knew about changes in medicine procedures and changes in medicine use. Once the JRCalc App was rolled out there would be an electronic audit trail of those who had read the information which would provide the assurance required.</p> <p>PD remarked it was positive that Sign Up to Safety was being embedded across the organisation.</p> <p>She referred to the Information Governance Toolkit and asked whether the 76% compliance was sufficient.</p> <p>RM responded that the figure had improved from the previous year and she would hope to see year on year improvement.</p> <p>PD thanked the team for the update.</p> <p><b>Approval:</b><br/> <b>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.</b></p>   |                                      |
| <p><b>6.2 Service Line Assurance – A&amp;E including HART (and winter plans)</b><br/> The paper updated on specific aspects of the A&amp;E service including winter preparedness, financial performance and the Transformation Programme.</p> <p>PD requested this be a standing item on the QC agenda until further notice and that the Divisional Commanders attend for this item.</p> <p><b>Action:</b><br/> <b>A&amp;E Update to remain a standing item on the QC agenda until further notice and that the Divisional Commanders be invited to attend for this item.</b></p> <p>SS advised that the A&amp;E Transformation Programme was developing as expected with positive progress in all three workstreams.</p> <p>Phase 2 of the A&amp;E Transformation Programme would focus on the EOC restructure and would dovetail in to the resource considerations as a part of the national implementation of ARP. The Performance Management Framework was still being developed.</p> <p>SS provided an update on the recent Regional General Manager advertisement and advised that there had been a good level of quality candidates that had applied for the position.</p> <p>SP remarked that he was pleased to see positive progress within the Transformation Programme; going forward he would welcome more detailed information in the report relating to known risks, for example,</p> | <p><b>SS/SP<br/>(for agenda)</b></p> |



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| <p>impact of ARP, impact of reconfigurations and the impact of the Paramedic national Band 6 agreement.</p> <p>It was noted that RM's team was working with SS and colleagues on the Transformation Programme.</p> <p>PD asked that the governance framework for the performance management of the A&amp;E Operations be brought to the next QC.</p> <p><b>Action:</b><br/> <b>The governance framework for the performance management of the A&amp;E Operations be brought to the next QC.</b></p> <p>EM asked whether there was the right level of capacity to provide management support to staff at the moment.</p> <p>SS advised that it was a work-in-progress to ensure that staff had the right level of management support available should they need it. Locality Manager and Clinical Supervisor roles had taken time to establish due to various training courses they had had to attend but these were now in place. The senior team was being recruited to and this would provide leadership and further management support.</p> <p>It was noted that the Winter Preparedness Plan was in place; the test would be the resilience of the plan under pressure. The Plan would be considered by the Board at the 12 October BDM.</p> <p>PS asked how YAS' winter preparedness aligned to the wider health system.</p> <p>SD responded that there was a risk across the sector for the winter period with pressure on Acute Trust beds and the expected increased patient demand.</p> <p>Discussion took place in relation to Delayed Transfer of Care (DToC) and the impact this had within the health system. Discussions were taking place within the health sector led by NHSE including the Independent Care Sector, Local Authorities and Social Care Services.</p> <p>SS expressed concerns in relation to hospital patient flow and the impact this had on the ambulance sector in terms of turnaround times, Inter Facility Transfers (IFTs) and conveyance from a hospital setting to a Care or Residential setting.</p> <p>PD agreed this was a risk for YAS and asked that this be included in future reports as an issue.</p> <p><b>Action:</b><br/> <b>The impact of Acute Hospital Trust's patient flow and the impact on YAS' services and performance to be included in future A&amp;E reports to the Quality Committee.</b></p> | <p>SS</p> <p>SS</p> |

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| <p>SS advised that in terms of performance, activity had remained static which had aided performance. He explained that under the national implementation of ARP there was no longer the ability to clinically assess and then re-grade a call. Performance was being monitored on a daily basis although due to the different metrics it was not possible to compare the figures to previous years' performance.</p> <p>SD asked what plans had been put in place to resolve the resource issues experienced on a night and a weekend.</p> <p>SS responded that the team was acutely aware of the pressures during these periods. This was mainly due to staff not taking up overtime on a night or weekend. It was a complex situation with the service carrying some vacancies and abstractions for training; the situation would not be easily resolved in the immediate term. There were plans to mitigate this including the recruitment of 36 additional Emergency Care Assistants (ECAs) which should improve the position.</p> <p>SP added this issue remained a focus for TEG and the position had been reflected on the Corporate Risk Register (CRR).</p> <p>SS remarked that the team knew the risks and the solutions however there was a wider and longer piece of work to undertake which considered the workforce rotas and relevant policies.</p> <p>SS stated that turnaround times at most Acute Trusts across the region remained stable with the exception of Mid Yorkshire Hospital Trust and Scarborough Hospital. NHSI had been made aware of the issues and the CQC were involved. In terms of Mid Yorkshire a short term solution had been found; a longer term solution was still being sought.</p> <p>Discussion took place in relation to 12 hour breaches and it was noted that these were being escalated and reported appropriately by YAS.</p> <p>SS explained some of the issues relating to the response time for IFTs, advising that he believed that in some cases the Trust was over-providing in terms of response times. Work was on-going to determine the reasons for this and work with the hospitals to establish a clinically appropriate resolution.</p> <p>It was noted that the Special Operations team was being inspected by NARU for 4 days from 28 September.</p> <p>SS confirmed that the A&amp;E workforce abstraction rate was capped at 20% including over school holiday periods. It was acknowledged that sickness absence increased during these periods.</p> <p><b>Action:</b></p> |               |

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| <p><b>To produce a report that highlighted sickness absence levels during school holiday periods.</b></p> <p>SS advised that there were some challenges in relation to the national Band 6 Paramedic Career Framework and that colleagues within A&amp;E Operations and HR were working to resolve these. There was a further issue relating to Newly Qualified Paramedics which the Trust was trying to resolve.</p> <p>The financial position of A&amp;E Operations was positive; this mainly related to the issue of lack of take-up of overtime. Action was taking place in relation to this as previously discussed earlier in the meeting.</p> <p>Discussion took place in relation to the Fire and Rescue Service First Responder schemes and the correspondence sent by YAS in this regard.</p> <p>PD thanked SS for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update report taking assurance on performance across the A&amp;E service line and noted service developments. The challenges in relation to the take-up of overtime were noted.</b></p>   | <p><b>SH</b></p> |
| <p><b>6.3 Review of Quality Impact Assessments</b></p> <p>The paper outlined the progress made in completing the Quality Impact Assessments of the Cost Improvement Plans and reports on the monitoring of indicators relating to the safety and quality of service for 2017/18 schemes.</p> <p>The on-going challenges within A&amp;E Operations were noted:</p> <ul style="list-style-type: none"> <li>• ARP 2.3 introduced a change in performance measures and operational changes;</li> <li>• The embedding of the rota implementation;</li> <li>• Delivery of the recruitment and retention programme;</li> <li>• The tail of performance in lower acuity calls;</li> <li>• Inter-Facility Transfers.</li> </ul> <p>These were being closely monitored to ensure there was no negative impact on patient safety or quality.</p> <p>KO informed the QC that there were a number of service reconfigurations that were at various stages of public consultation or implementation across the region. The potential impact on quality had been reported to the A&amp;E Contract Management Board (CMB) specifically in relation to the Mid Yorkshire reconfiguration with regard to an increased number of Inter Facility Transfers and the prolonged journey times.</p> <p>It was noted that the Calderdale and Huddersfield reconfiguration</p> |                  |

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| <p>could have negative implications for YAS. Discussion would take place between YAS' Chief Executive and the Chief Executive for Calderdale and Huddersfield. The issues had been escalated to NHS Improvement.</p> <p>PD thanked KO for the update.</p> <p><b>Approval:</b><br/> <b>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.</b></p>  |               |
| <p><b>6.4 Expert Patient Report</b><br/> The paper provided a summary update in relation to the activities undertaken by YAS' Expert Patient since June 2017.</p> <p>ABP firstly offered her congratulations to YAS for producing the accessible version of the Quality Account. It would be interesting to analyse the metrics for views on the website.</p> <p>ABP's most recent input to the Moving Patients Safely Group (MPSG) included a review and feedback on the recently revised Standard Operating Procedure (SOP) for Complex Patients in relation to YAS HART and which now specifically incorporated consideration of Bariatric patients.</p> <p>ABP reported on the positive relationship with YAS colleagues particularly in relation to the Critical Friends Network (CFN) development where she continued to support as appropriate. It should be noted that recruitment opportunities to the CFN continued and ABP emphasised the need to ensure that the CFN was used and supported by YAS colleagues to utilise CFN expertise.</p> <p>She advised that she had met with the Associate Director of Education and Learning to explore opportunities and ideas for patient/service user and carer voice input.</p> <p>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.</p> <p>She advised that there was a review of the YAS Expert Patient current role description. She would welcome any suggestions on how the role could be redefined going forward.</p> <p>PD was pleased to see the increased involvement at service level and the work ABP was doing to support the CFN. She asked whether the work on public engagement was progressing as expected.</p> <p>SP responded that work was being developed in terms of</p> |               |

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| <p>patient/public engagement and this was being aligned to the Corporate Social Responsibility agenda being led by the Communications team. The refresh of the YAS Forum would also consider the engagement agenda.</p> <p><b>Action:</b><br/> <b>An update on the Public/Patient engagement work to be provided to the next Quality Committee.</b></p> <p><b>Approval:</b><br/> <b>The Quality Committee received the YAS Expert Patient report on actions since the last meeting for information.</b></p>  | <b>SP/GH</b>  |
| <p><b>6.5 Significant Events/Lessons Learned</b></p> <p>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.</p> <p>It was noted that the report had been considered at the 31 August Board meeting.</p> <p>SP advised that there had been one external investigation which had taken place where YAS had been involved; YAS continued to work with the investigator to provide additional information in relation to aspects of the case.</p> <p>The Trust had received notification from the Healthcare Safety Investigation Branch (HSIB) of their first investigation and their wish to include YAS in this. The HSIB was established in 2016 and went live in 2017. They are the national investigatory body for healthcare investigations in the UK and they will select up to 30 issues per year for investigation. The first area for investigation was cardiac and vascular pathways.</p> <p>It was noted that during the last three months the ombudsman had investigated one case which had not been upheld.</p> <p>PD asked whether compliments were relayed back to staff members.</p> <p>SP advised that compliments were passed through the Patient Relations Team and where staff could be identified through the information provided then a letter was sent to highlight that a compliment had been received and thank the staff involved.</p> <p>Discussion took place as to whether Divisional Commanders were copied in to responses and SP believed this was the case. SP and SS would discuss outside of the meeting.</p> <p>PD asked about the issues relating to the rejection of claims by NHS Resolution (NHSR).</p> |               |

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| <p>SP advised that there was a discrepancy between the insurance providers whereby that NHR believe that the responsibility lay with the motor insurance company and vice a versa. It was hoped the insurance providers would resolve the issue as at present there remained a financial risk to YAS.</p> <p>PD thanked SP for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</b></p>   |        |
| <p><b>6.7 Programme Management Office (PMO) Update</b><br/> This paper was taken out of order of the agenda.</p> <p>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.</p> <p>The A&amp;E Transformation scheme had been reviewed and re-aligned where required. No major changes were expected to overall completion dates. Lead responsibilities for individual projects were now identified.</p> <p>There was a risk in relation to new rotas not being as effective in terms of delivering improved performance as expected due to insufficient vehicles being available for crews. Actions were in hand to mitigate same.</p> <p>The Hub and Spoke Transformation Programme had a risk relating to national capital funding constraints.</p> <p>The Patient Transport Service (PTS) remained as a 'red' mainly due to the delay in implementing the management structure. Roles had now been recruited to and it was expected that progress against the Transformation Programme would now move at pace.</p> <p>In terms of Urgent Care a meeting had taken place to discuss the New Urgent and Emergency Care Transformation Group which would provide the strategic oversight and direction to the programme and interdependencies across others.</p> <p>SP informed the QC that the Lead Nurse for Urgent Care had been recruited to who had a Nurse Consultant background with extensive experience across a range of disciplines.</p> <p>PD thanked RM for the update.</p> |        |

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| <p><b>Approval:</b><br/> <b>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.</b></p>  |        |
| <p><b>6.6 Actions to reduce harm from musculo-skeletal injury</b><br/> CA guided the QC through a presentation in relation to musculo-skeletal injury (MSK).</p> <p>CA advised that the 'Moving Patients Safely Group' was a sub group of the Health and Safety Committee. MSK injury was the 4<sup>th</sup> highest reported incident affecting both patients and staff. YAS benchmarked around average for the ambulance sector using RIDDOR statistics. The levels of this type of injury represented 37% sickness and an average £7k spend per month on occupational health. There was also a significant amount of costs relating to claims for MSK injuries.</p> <p>The Trust had undertaken work to understand the issues relating to MSK injury and how to prevent this type of injury from happening. Staff training had been a key issue and the Trust was addressing this through a review of the available training. Staff now undertook a full 4.5 hour face to face training session on 'moving and handling'. Guidance had been reissued on various pieces of equipment so staff understood the correct way to operate these. A procedure had been developed in relation to bariatric patients and bariatric stretchers were now available on all new vehicles.</p> <p>Further actions had been taken to reduce MSK injuries such as reminding staff to report missing or broken equipment. A physiotherapist was working with staff in the EOC to promote good positioning.</p> <p>PD asked whether the 'Fitness to Work' policy ensured that people were fit to take up employment with YAS.</p> <p>SH advised there were health and wellbeing pilots being undertaken relating to fitness to work and these would be introduced in to the recruitment process.</p> <p>CA responded that the Trust's intention would be to maintain a person's fitness to work and provide rehabilitation support where required.</p> <p>EM remarked that she had previously provided information on the national centre for Police based in Harrogate which dealt with MSK injuries. She had advised that YAS could make referrals to the centre and that the Charitable Funds may be able to aid with the associated costs of the referral. She understood that there had only been one referral from YAS.</p> |        |

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| <p>It was confirmed that through the Trust's staff benefits scheme there was access to a number of discounted gym memberships.</p> <p>PD remarked that there had been a huge improvement on the work undertaken in relation to prevention of MSK injuries and the data and intelligence in relation to these types of injuries.</p> <p>CA thanked ABP for her involvement and Education and Training for the increased provision in this regard within the Statutory and Mandatory training programme.</p> <p>It was noted that the Trust was looking at mindfulness and mental health in the workplace and looking at ways to support staff in this regard.</p> <p>PD thanked CA for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</b></p>   |               |
| <p><b>7. WORKFORCE</b></p>  |               |
| <p><b>7.1.1 Workforce and Organisational Development Update</b></p> <p>The paper provided an overview of matters relating to a range of workforce issues including education and training, diversity and inclusion and employee wellbeing.</p> <p>SH advised that although there was a lot of work still to do within the Directorate a lot of progress had been made. A new Director of Workforce and Organisational Development had been appointed and she was due to start with the Trust in November when it was hoped the new HR structure would be signed off.</p> <p>CM advised that staff engagement continued and performance had slightly improved in the Staff Friends and Family Test and the Staff Survey although it was acknowledged there was still further improvement to be made.</p> <p>There had been some themes highlighted through the Staff Survey and it was hoped the newly launched Trust Vision, Values and Behavioural Framework would resolve those issues. Early feedback from staff indicated that they believed the new Vision and was a positive step forward.</p> <p>It was noted that there had been a significant work taking place on the Training Needs Analysis (TNA) and a full review of the Statutory and Mandatory training was underway.</p> <p>CM advised that the stretch target of 90% for Performance Development Reviews (PDRs) had not been achieved. It was noted</p> |               |



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| <p>that YAS compared similarly to others in the ambulance sector in this regard and it was acknowledged the Trust needed to focus to increase performance in this area.</p> <p>SH advised the national Paramedic Band 6 re-banding criteria required Paramedics to have an appropriate development plan in place by the end of March 2018. An action plan was in place to ensure compliance in a timely manner.</p> <p>PD asked whether the Behavioural Framework was incorporated into PDRs.</p> <p>CM responded that this was being developed through one of the workstreams and when finalised would be incorporated within the process.</p> <p>SH advised that the Diversity and Inclusion Strategy had been approved by the Board on 31 August 2017. This had been a positive piece of work by the Head of Diversity and Inclusion and was now moving to the implementation stage. The Diversity and inclusion Steering Group was chaired by the Chief Executive.</p> <p>PD asked that the implementation plan for the Diversity and Inclusion Strategy be reported to the next QC.</p> <p><b>Action:</b><br/> <b>That the implementation plan for the Diversity and Inclusion Strategy be reported to the next QC in December 2017.</b></p> <p>SH advised that it was important that staff worked within an inclusive environment and were not subject to unacceptable behaviour. Diversity and Inclusion training had been attended by many of the Trust's management roles with training still on-going.</p> <p>Recruitment activity across the Trust remained high with 320 applications being progressed through employment checks. There had been 90 applicants for Community First Responder (CFR) roles.</p> <p>PD asked whether the Trust's Values had been incorporated into the recruitment process.</p> <p>SH responded that these would be built in to the recruitment process to ensure that potential employees shared YAS' vision and values.</p> <p>It was noted that agency and temporary staff had significantly reduced, by 50%.</p> <p>PD asked whether an in-house staff bank had been established.</p> <p>SH advised that there was a pilot scheme being developed within NHS 111 at the moment. There was a further proposal for A&amp;E</p> | <p>SH</p> |

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| <p>Operations in this regard. Governance arrangements to ensure staff were appropriately qualified were already in the pilot scheme and A&amp;E proposal.</p> <p>It was noted that sickness absence had increased slightly in July from June, the main reasons for sickness absence continued to be mental health/anxiety and musculoskeletal. The Health and Wellbeing Team continued to work with managers to raise awareness around mental health issues and the prevention and treatment of musculoskeletal injuries as outlined in the earlier presentation. The Trust was providing mental health first aid courses to Clinical Supervisors to aid them with supporting staff.</p> <p>It was noted the Trust was taking part in the Global Challenge with 70 staff members signed up (ten teams). Team members had been supplied with pedometers to count their daily steps and compete with teams from within YAS and other organisations to see which team could achieve the highest step count.</p> <p>The strategy for this year’s flu campaign had been agreed by TMG and a Flu Steering Group had been established to ensure delivery of the Flu action plan.</p> <p>PD asked how many staff members were going through capability procedures.</p> <p>SH replied that at present no members of staff were in the capability process however there may be a number of staff where informal discussions had taken place.</p> <p>SS added that the Clinical Supervisors provided a good level of supervision of issues and training was taking place for managers to enable them to identify and support staff who may require additional help.</p> <p>Discussion took place in relation to managers documenting all conversations with staff in relation to performance in the interest of transparency.</p> <p><b>Action:</b><br/> <b>For a report to be presented on identification of and support for staff who may be under performing and the routes leading to the capability procedure.</b></p> <p>BS arrived at 1155 hours.</p> <p>SH advised that there were a number of policies that were going through the approval process at the moment. The Fitness to Work policy had been approved at TEG the previous day.</p> <p>SH outlined the key workforce risks. There was a significant amount</p> | <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p><b>SP/SH</b></p> <p></p> |

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| <p>of work to do in relation to organisational culture.</p> <p>PD thanked SH and CM for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update and gained assurance by the progress made.</b></p>   |                  |
| <p><b>7.1.2 Workforce Directorate: Update on Outstanding Audit Actions</b><br/> The paper provided an update of the outstanding audit actions within the Workforce Directorate.</p> <p>It was noted that progress had been made against all of the outstanding actions and this would be reported to the next Audit Committee as agreed.</p> <p>There would be a discussion at TEG on 18 September to discuss Succession Planning.</p> <p>EM stated that work was required to address representation within the YAS workforce from BME communities. She had discussed this with the Head of Diversity and Inclusion.</p> <p>PD asked what was happening in relation to ESR developments.</p> <p>SH responded that this was a national responsibility and the Trust would be employing a specialist in this area who would oversee the transition for YAS.</p> <p>PD asked that an update be provided at Audit Committee on ESR.</p> <p><b>Action:</b><br/> <b>An update to be provided at Audit Committee on ESR developments.</b></p> <p>SS left the meeting at 1200 hours.</p> <p>PD thanked SH for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update and gained some assurance that the Outstanding Audit Actions were on plan.</b></p> | <p><b>SH</b></p> |
| <p><b>7.2.1 Education and Training Plan Update</b><br/> The report provided an overview of matters relating to education and training and the training plan.</p> <p>CM advised that the Trust was on plan. Discussions were taking place in relation to the increase of 36 ECAs. It had been agreed that the 36 ECAs would complete the full 5 week clinical training, however they would only complete 1 week's driving. The Emergency Driving</p>   |                  |

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| <p>aspect would be completed at a later date.</p> <p>There had been a positive update of the Management Essentials training with additional courses being made available to meet demand.</p> <p>CM provided an update on the restructure of the Education and Learning Department adding that there would be a high level oversight by TEG.</p> <p>He advised that he had met with ABP in relation to patient input into YAS training delivery. The discussion had been positive and would link in to the wider concept of stakeholder involvement.</p> <p>A discussion took place in relation to placements and the challenges of providing the numbers required. Due to the increased number of student Paramedics requiring placements the Trust had to restrict the number of placements for internal and external candidates.</p> <p>PD thanked CM for the update.</p> <p><b>Approval:</b><br/> <b>The Committee noted the update and gained sufficient assurance on the training and education plan and noted the progress of the governance of education and training. The risk in relation to placements was noted.</b></p> |               |
| <p><b>7.2.2</b>    <b>Apprenticeship Levy Quarterly Update Report</b><br/> The paper provided assurance regarding the apprenticeship levy.</p> <p>CM provided an update on the apprenticeship levy and advised that the Trust was considering how to utilise the apprenticeship standards. Some of the standards were still pending approval.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the paper and gained assurance that the Apprenticeship Levy was being managed effectively with the Trust.</b></p>   |               |
| <p><b>7.3</b>        <b>Staff Communications and Engagement</b><br/> The paper outlined the progress made and tactics planned for the communications activity of the Trust.</p> <p>EG provided an update on recent recruitment to the Communications Team which would see the team strengthened in the areas of Digital communications, social media and campaigns.</p> <p>The Trust had been nominated for a HSJ award for the Restart a Heart campaign.</p> <p>The team had been involved with the Leadership Conference, Long Service Awards and We Care Awards and the flu campaign. The</p>  |               |

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|             | <p>team had worked with YAS colleagues on the Vision and Values work.</p> <p>External media relations continued ensuring good working relationships and to protect the positive reputation of the Trust. The team provided early warnings to the Board on significant issues that may make the media spotlight.</p> <p>SP referred to the Publication Scheme on the website which required updating so that relevant Freedom of Information (FOI) requests could be signposted there. He would liaise with the FOI officer to ensure this took place.</p> <p>PD thanked EG for the update.</p> <p><b>Approval:</b><br/><b>The Quality Committee noted the update.</b></p>  |               |
| <b>8.</b>   | <b>RISK MANAGEMENT</b>   |               |
| <b>8.1</b>  | <p><b>Risk Management Report Annual Review and Priorities for 2017/18</b></p> <p>The paper provided an update on quarterly projections on the BAF 2017/18 in Quarter 1. It provided details of changes to the Corporate Risk Register (CRR) and highlighted 'red' risks on the CRR.</p> <p>It was noted that Risk 58 – clinical Staff recruitment and retention in NHS 111 had been reopened.</p> <p>Discussion took place in relation to reconfigurations across the region particularly Calderdale and Huddersfield. A new risk would be considered in this regard.</p> <p>PD thanked RM for the update.</p> <p><b>Approval:</b><br/><b>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.</b></p> |               |
| <b>9.</b>   | <p><b>RESEARCH GOVERNANCE</b></p> <p>No items for discussion.</p>  |               |
| <b>10.</b>  | <b>ANY OTHER BUSINESS</b>  |               |
| <b>10.1</b> | <p><b>Issues for reporting to the Board and Audit Committee</b></p> <p>PD summarised the items to be presented to the Board and Audit Committee.</p>   |               |
| <b>11.</b>  | <b>FOR INFORMATION</b>   |               |
| <b>11.1</b> | <p><b>IPR – Workforce and Quality</b></p> <p>The report was noted.</p>   |               |

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| <p><b>11.2</b>      <b>Quality Committee Workplan</b><br/>This item was noted.</p> <p><b>Quality Committee Terms of Reference</b><br/>This item was noted.</p> <p>The meeting closed at 1230 hours.</p> <p><b>11.3</b></p> |               |
| <p><b>12.</b>      <b>Date and Time of Next Meeting:</b><br/>(0830) 0900-1230 hours<br/>14 December 2017, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>   |               |

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**