



## Quality Committee Meeting Minutes

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

**Date:** Thursday 8 December 2016

**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 David Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Roberta Barker	(RBa)	Interim Executive Director of Workforce and OD
Dr Philip Foster	(PF)	Director of Planned and Urgent Care

### Apologies:

Dr Julian Mark	(JM)	Executive Medical Director
Roberta Barker	(RBa)	Interim Executive Director of Workforce and OD
Karen Warner	(KW)	Deputy Director of Quality & Nursing
Tracy Launchbury	(TL)	Head of Leadership and Learning

### In Attendance:

Anne Allen	(AA)	Trust Secretary (Observer)
Ronnie Coutts	(RC)	Non-Executive Director (Observer)
Barrie Senior	(BS)	Non-Executive Director (Observer)
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Deputy Medical Director
Mark Millins	(MM)	Associate Director of Paramedic Practice
Rachel Monaghan	(RM)	Associate Director of Performance Assurance and Risk
Tracy Hodgkiss	(TH)	Deputy Director of Workforce and OD (Interim)
Gillian Hart	(GH)	Associate Director of Corporate Communications (Interim)
David Rowbottom	(DR)	Acting Head of Education and Standards

### Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager
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	The meeting commenced at 0900 hours.	
1.	<b>Introduction &amp; Apologies</b> PD welcomed everyone to the meeting. Apologies were noted as above.	

		<b>Action</b>
	<p>A pre-committee presentation was delivered to the Quality Committee (QC) by Jock Crawford, the Trust's Freedom to Speak Up Guardian and Gemma Gould, Freedom to Speak Up Advocate updating the Committee on the Freedom to Speak Up initiative within the Trust.</p> <p>PD thanked Jock and Gemma for an interesting and informative presentation.</p> <p>The Committee noted that the figures presented under-stated the full activity of the FTSU team as they did not include queries resolved without significant investigation.</p> <p>The Committee asked that that all contacts made through Freedom to Speak Up were recorded and reported to the QC to ensure that the value of the work was fully reflected.</p> <p><b>Action:</b>  <b>For all contacts made through Freedom to Speak Up to be recorded and reported to the Quality Committee.</b></p>	<p><b>Jock Crawford</b>  <b>034/2016</b></p>
<p><b>2.</b></p>	<p><b>Review Members' Interests</b>  Declarations of interest would be noted and considered during the course of the meeting.</p>	
<p><b>3.</b></p>	<p><b>Chairman's Introduction</b>  PD reminded those present that they should raise any IPR exceptions in their reports as they were presented.</p> <p>She referred to the rise in demand for A&amp;E services which presented challenges for the Trust.</p> <p>PD advised that as the number of Quality Committee meetings planned for 2017/18 has slightly reduced and with the challenges the Trust faced in terms of increased A&amp;E demand, budgets and uncertainties in relation to contracts that she would welcome monthly meetings with SP, JM and RBa to monitor any emerging quality and/or safety issues. She requested these commence from January 2017 and NEDs were welcome to attend should they be available.</p> <p><b>Action:</b>  <b>Schedule in monthly meetings between PD/SP/JM/RBa from January 2017.</b></p>	<p><b>SP</b>  <b>035/2016</b></p>
<p><b>4.</b></p>	<p><b>Minutes of the Meeting held on 15 September 2016</b>  The minutes of the Quality Committee meeting held on 15 September 2016 were approved as a true and accurate record of the meeting.</p> <p><b>Matters Arising:</b>  There were no items for discussion.</p>	

	<b>Action</b>
<p><b>5. Action Log</b></p> <p>Action 016/2016 – PTS Waiting Areas – SP advised that PTS had produced a report which considered PTS facilities at hospitals and this had identified a number of recommendations. CD would need to decide how best to progress the recommendations. It was agreed that an update would be brought back to the March QC.</p> <p>Action 022/2016 – CPD training and Bank Contracts – TH had investigated whether it was possible for the Trust to ‘claw-back’ training costs for those individuals on Bank Contracts who did very little work for the Trust. It was agreed that an update would be brought back to the March QC.</p> <p>Action 028/2016 – Violence and Abuse towards staff to be considered at Board – The information had been added to the Quality and Safety report on the day’s agenda. The Committee would consider at that point whether the information should be supplied to the Board. Action closed.</p> <p>Action 029/2016 – Mitigation plans for the A&amp;E rota implementation for rural areas – It was noted that an update was provided on the report later in the agenda. Action closed.</p> <p>Action 033/2016 – Holiday pay and Equal pay implications – TH advised that a paper was being prepared for the Audit Committee in January 2017. Action closed.</p> <p>DM arrived at 0920 hours.</p>	
<p><b>6. QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b></p>	
<p><b>6.1 Quality Governance and Clinical Quality Strategy</b></p> <p>PD stated that she was pleased to see the additional papers that had been provided as part of the overall report and which provided more assurance to the Committee.</p> <p>SD advised that the Sign Up to Safety lead Louise Hodgson had now left the organisation and Clare Ashby, Head of Safety was now leading this vital initiative.</p> <p>He advised that the Sign Up to Safety roadshow had paused over the winter period and it was expected to recommence in the spring.</p> <p>He referred to the ‘Moving the Patient Safely’ work and the introduction of the bariatric stretcher. This had been a positive step forward although there was further work to do in regard to moving and handling including flagging known patients that required the use of bariatric equipment on the CAD system.</p>	

	<b>Action</b>
<p>SP reported on out of hours (OOH) PTS discharge arrangements. He explained that between 1 April and 31 October 2016 there had been 990 patient movements carried out between 2200 hours and 0600 hours. YAS had three contracts which currently involved OOH discharge services, two of which terminated at 2200 hours (but might occasionally run over 2200 hours) and one contract which was a 24/7 service which ran up to 31 March 2017. He informed the Committee that the majority of the discharges were from the 24/7 contract in Hull.</p> <p>PD asked whether YAS was transporting patients safely in this regard as it was the responsibility of the discharging hospital to ensure that the patient was fit for travel.</p> <p>SP advised that PTS management had had discussions with the hospital leads in regard to governance arrangements for OOH discharges and it would appear that there was scope to strengthen the pre-discharge assessment and communication.</p> <p>SP responded that YAS' staff had been made aware to raise concerns where it was felt that a patient was not in a fit state to travel.</p> <p>PF arrived at 0925 hours.</p> <p>Discussion took place in relation to a pro-forma sheet that the discharging hospital would have to complete prior to a patient being discharged so that it was clear that the patient was fit for discharge and agreed to be discharged. The Trust was hoping that hospitals would adopt this process.</p> <p>SP advised that there had been no incidents raised on Datix in relation to an OOH discharge. All Datix incidents relating to discharges to-date related to the in-hours period.</p> <p>PD emphasised the importance putting in place simple processes to mitigate safety issues for patients.</p> <p>SD reported that the Trust's Clinical Audit Policy had been updated and agreed at the Trust Management Group and the Policy now reflected the national priorities.</p> <p>He informed the Committee that standards in performance for ROSC (UTSTEIN) had stabilised over previous months and had recovered to the Trust's high standards.</p> <p>SD advised that the national 'cycle 16' report had been released and showed a general improvement in most areas. He reported that the Trust had more work to do on ensuring that two pain scores were recorded (prior to, and after, analgesia had been administered) and that there was work to do on the asthma care bundle to improve the criterion.</p>	

	<b>Action</b>
<p>He reported that the Patient Care Record Audit had highlighted that compliance with record keeping standards were high. There was one exception, with the documentation of handover at the Emergency Department (ED) and it was hoped that the recently agreed 'Pre Alert and handover Guidance' may help to improve this standard.</p> <p>PD asked whether there was any risk for the Trust associated with not documenting handover information.</p> <p>SD responded that the Trust did not compare YAS' staff notes to the Acute Hospital Nurse's notes. There was more work to do in this regard. He referred to cases of sepsis and the pre-alert process that was in place in this regard. YAS staff would escalate to the Nurse in Charge if it was felt that the patient had deteriorated.</p> <p>Discussion took place in relation to sepsis patients and the process to follow should an individual deteriorate whilst waiting for handover with the Emergency Department. It was noted that each case was judged accordingly at that time by those staff present (YAS and ED) but it would be helpful for there to be a more robust solution to this issue.</p> <p>PD reiterated that the Trust should not take responsibility from the ED. She asked for a paper on the process for managing sepsis patients to include any incidents involving sepsis patients.</p> <p><b>Action:</b>  <b>For an update to the next Quality Committee meeting on the process for managing sepsis patients to include any incidents involving sepsis patients.</b></p> <p>SD informed the Committee that NICE had updated guidance for the management of sepsis in July 2016 which had resulted in Screening Tools for adults and children. This now gave the option of administering fluids through Intraosseous Infusion (IO) for those children where it was were difficult to gain access.</p> <p>SD reported that the Trust continued to review all patients that had died within the Trust's care through the YAS Mortality Review process. The most recent review reported that there were no deaths caused directly by the Trust. There had been a number of deaths in relation to delays at EDs and a letter had been sent from YAS to the Acute Trusts involved asking for further information.</p> <p>PD asked whether CQUINs had been included within the Operational Plan 2017-19.</p> <p>SP responded that there was assumed level of risk in relation to the CQUINs and that the inclusion of CQUIN penalties within the contract was being negotiated with Commissioners.</p>	<p><b>SD</b>  <b>036/2016</b></p>

	<b>Action</b>
<p>PD asked for a review in relation to a serious incident associated with a delay in handover to be brought to the Committee at its March meeting.</p> <p><b>Action:</b>  <b>For a review in relation to a serious incident associated with a delay of handover to be brought to the Quality Committee at the March meeting.</b></p> <p>Discussion took place in relation to the uptake of the flu vaccine by Trust employees. The Trust had not achieved the same staff uptake as the previous year and TEG would reflect on next year’s approach. There was an issue with capturing data when a member of staff had received their flu vaccine through their own GP.</p> <p>SP referred to the level of concerns raised by healthcare professionals in relation to delayed 999 responses. There had been a 24% increase in Service to Service issues raised in respect of EOC categorised cases during the six months April to September 2016 when compared to the same period the previous year. The perceived delay had been explained to Commissioners at the November Joint Quality Board where they were advised that in the post ARP period of this year overall HCP response times had improved in every area of the county. The process for booking by HCPs had been explained and reasons for delays which largely related to wider issues of resource versus demand were also outlined.</p> <p>SP advised that work continued on the development of a ‘Critical Friends’ network which would be a key function in the integration of Patient Experience into the organisation’s systems and processes.</p> <p>PD asked that an update be provided to the Quality Committee in relation to the improvements that the Trust had made from the various patient surveys the Trust undertook.</p> <p><b>Action:</b>  <b>An update to be provided to the Quality Committee in relation to the improvements that the Trust had made from the various patient surveys the Trust undertook.</b></p> <p>SP advised that new Head of Safeguarding would be joining the Trust in January 2017.</p> <p>SD reported that there had been an upward trend of CD key loss over the past year despite intervention to reduce this; he confirmed that the incidents were not repeat offenders and that further work was underway to review and resolve the issue.</p> <p>SD referred to Prescription Only Medicines (POM) and advised that there had been a month on month improvement in the number of and quality of audits being completed across the region.</p>	<p><b>DM</b> <b>037/2016</b></p> <p><b>SP</b> <b>038/2016</b></p>

	Action
<p>He reported that it had been identified that there was an expiry issue with GTN tablets and the decision had been made to change to GTN spray to mitigate the risk of medicines bags containing out of date stock.</p> <p>SD advised that the antibiotic audit had demonstrated a number of potential issues with the administration of antibiotics by the Urgent Care Practitioners (UCPs) and a full antibiotic review was undertaken. Workshops were held with UCPs and provided assurance that antibiotics were being supplied in accordance with the Patient Group Directions (PGDs). However the workshops also uncovered that the majority of antibiotics administered outside of the PGDs were due to verbal prescriptions by GPs. The learning from this exercise was that UCPs should ensure there was proper documentation of any variation from the PGDs.</p> <p>Discussion took place in relation to documentation when a GP verbally requested that antibiotics be administered and it was clarified that the process should be that the GP should document this request. In practice this was not always adhered to.</p> <p><b>Action:</b>  <b>To consider how to best ensure that GP verbal requests to UCPs were fully documented by the GP.</b></p> <p>SP advised that the Trust had received high level feedback immediately following each of the CQC inspections (13-16 September 2016 for A&amp;E, EOC, PTS, Resilience and HART and 10-12 October 2016 for NHS 111). It was likely that the Trust would receive formal feedback from the inspections towards the end of December or very early in January 2017.</p> <p>SP reported that following the national consultation for the Nursing Associate role the scope of practice had now been published. Pilot sites had been identified but Kirklees NHS, who YAS had collaborated with, had not been chosen. He advised that it was expected that there would be further opportunities to be explored in this regard as part of the collaboration with the Northern Ambulance Alliance (NAA).</p> <p>He informed the Committee that work to introduce the Trust's Nursing Internship Pilot Programme was progressing with the advert currently live and interviews scheduled for December 2016.</p> <p>He referred to the Quality Account 2016/17 which was due to be published in June 2017. He advised that consultation with both internal staff and external stakeholders had been completed during October/November 2016 and this had informed the development of the clinical quality priorities.</p> <p>PD asked whether it would be beneficial to revisit the accountabilities of Board Members in respect of health and safety.</p>	<p>SD 039/2016</p>

	Action
<p>SP responded that local health and safety arrangements were being strengthened and the process of reporting that through the Trust to Committee/Board level was being considered. He advised that the Trust was planning some specific safety training across the organisation including trade union representatives, TMG and Board Members. He confirmed that health and safety would be scheduled on the Board Planner.</p> <p>Discussion took place in relation to 'never events' in the context of handover waiting times of 2 hours plus and the deteriorating patient. It was understood that that scenario would not meet the definition of a 'never event'. The Trust had highlighted this issue to NHSE.</p> <p>DM updated the Committee on a recent issue of diversions involving Scarborough Hospital and York Hospital; this had been escalated to the Chief Operating Officer for York Hospital Trust.</p> <p><b>Action:</b>  <b>For an update on the outcome of discussions with the York Hospital Trust in regard to diversions between Scarborough Hospital and York Hospital to the March QC.</b></p> <p>PD thanked SP and SD for the update.</p> <p><b>Approval:</b>  <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>DM 040/2016</p>
<p><b>6.2 Review of QIA 2016/17 CIPs</b></p> <p>SP informed the Committee that the paper provided assurance to the QC of the progress which had been made in completing the Quality Impact Assessment (QIA) of the 2017-19 Cost Improvement Plans (CIPs) and reported the monitoring of indicators relating to the safety and quality of services.</p> <p>He advised that there had been no significant shifts in Quality Impact Assessments.</p> <p>He referred to the issue within PTS during the summer with the changes to the service for Renal Patients. PTS management had taken mitigating action quickly and service indicators had returned to within parameters. There had been some positive learning from this issue for the Trust on how to approach change and engage with service users going forward.</p> <p>SP referred to the Executive-Executive sessions that would take place in regard to contract settlements. There would be a Quality Impact Assessment undertaken on the Commissioner A&amp;E offer and on the other contract offers.</p>	



	Action
<p>PD asked what the current position was with Clinical Supervisors.</p> <p>MM responded that the system was becoming more flexible and that Clinical Supervisors were beginning to become supernumerary to rotas. However increased demand and the winter period did create a challenge in this regard. He explained that Clinical Supervisors were trying to reduce on-scene time through coaching and training staff at supervisory sessions.</p> <p>PD thanked colleagues for the update.</p> <p><b>Approval:</b> <b>The Quality Committee noted the updated and gained assurance that the Trust had a robust Quality Improvement Assessment process that was monitored appropriately.</b></p>	
<p><b>6.3 Expert Patient Report</b></p> <p>ABP referred to the Critical Friends Network launch event which had taken place on 2 December 2016. Fourteen service users/Personal Assistants/Enablers/Carers had attended in addition to YAS staff from the Quality Team, Care Pathways Team, Communications and Engagement, Diversity and Inclusion and the Research and Development Manager. She very much welcomed this development and was looking forward to seeing it go forward. She advised that Rebecca Mallinder and other Quality Team members were working hard to establish and recruit to the Network and she emphasised that it was everyone's responsibility to recruit further with the hope of achieving a cohort of approximately 40.</p> <p>She advised that she had been unable to attend the last Moving Patients Safety Group meeting but that she had liaised with Clare Ashby in this regard. There were still some operational challenges to resolve. She was meeting with Clare, a Renal Patient Representative and the PTS Renal lead later that day to discuss PTS renal patients involvement in Hand Hygiene audits within PTS.</p> <p>She informed the Committee that she had attended the Inclusion and Diversity Training and she had some observations that she would feedback to Kez Hayat, Head of Diversity and Inclusion. She believed that there should be further focus on the Equality Impact Assessment within YAS.</p> <p>She advised that she had attended the previous YAS Forum meeting and she had been pleased that the Forum had developed in such a positive way. She praised NED Ronnie Coutts chairing of the meeting. She informed the Committee that the video toolkit was being developed through a sub-group of the YAS Forum. She had passed on some feedback in relation to the accessibility of the toolkit, for example sub-titles and the feedback was being addressed through the sub-group.</p>	

	Action
<p>She had met with Rod Barnes and they had discussed co-design principles and possibilities as part of meeting YAS corporate social responsibility objectives.</p> <p>She referred to the Research and Development regional work she had been involved with on the theme of Equality and Diversity.</p> <p>PD thanked ABP for the excellent and crucial work that she carried out on behalf of the Trust.</p> <p><b>Approval:</b>  <b>The Quality Committee received the YAS Expert Patient report on actions since the last meeting for information.</b></p>	
<p><b>6.4 Significant Events/Lessons Learned</b></p> <p>SP provided the Committee with 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>SP advised that following the introduction of the Ambulance Response Programme (ARP) that a review group had been established to identify whether any adverse events had been a direct result of the ARP changes and he assured the Committee that there had been none identified.</p> <p>He reported that the Trust had undertaken some benchmarking with other Trusts in relation to delayed response SIs although it was difficult to make suitable comparisons as Trusts had different criteria for when a delayed response would be reported as an SI. He advised that further work would be undertaken to collect better quality information.</p> <p>SP explained that the Trust had been working on ensuring that incidents of violence and aggression (verbal or otherwise) were recorded on Datix.</p> <p>DM added that staff safety and welfare was of paramount importance to the Trust. He had had discussions with West Yorkshire Police, as their officers were subject to similar actions by members of the public. The Trust was reviewing the current 'Conflict Resolution' training provision.</p> <p>SP informed the Committee the Trust had issued direct service to service letters to Acute Hospitals where extensive delays (in excess of 2 hours) had been experienced by YAS at handover.</p> <p>PD referred to the table within the report that detailed the number of delays (in excess of 2 hours) by hospital. It was noted that Scarborough District Hospital and York District Hospital appeared to</p>	

	<b>Action</b>
<p>be outliers in this regard.</p> <p>SP informed the Committee that the Trust had been issued with a Prevention of Future Death (PFD) report from the Bradford Coroner in August 2016. This was in relation to a bariatric patient whose friend had contacted 999 after finding the patient had fallen. The call was given a Green 4 coding which was found to be compliant and the overall response time was 2 hours and 2 minutes. The Coroner felt that a further review of the protocols was required in relation to incorporating more enquiries with respect to long lays. The case was currently being discussed with the International Academy of Emergency Dispatch as to whether they felt that any changes to the AMPDS system were appropriate.</p> <p>He referred to another case being heard by the Coroner concerning a patient with mental health issues and the potential that this may result in a PFD.</p> <p>PD asked whether the Trust was assured in relation to the SI reported earlier in the year concerning extremely high levels of demand on the Local Care Direct service within West Yorkshire.</p> <p>SP responded that Commissioners had not yet signed off the Trust's actions in respect on this issue. The Trust was internally reviewing the escalation process between YAS and LCD.</p> <p>PD asked whether the Trust was assured in relation to the service for PTS renal patients.</p> <p>SP advised that the Key Performance Indicators (KPIs) had returned to their previous level. Relations with this patient group were now much more positive.</p> <p>PD asked whether the Trust had a robust system for the collation of 'next of kin' details for patients.</p> <p>SP responded that the Trust was clear on the steps to take to identify correct next of kin details. This had not proven so far to be an issue with patients or families and feedback to date had overall been positive.</p> <p>PD thanked SP for the report and update.</p> <p><b>Approval:</b>  <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>6.5</b> <b>Service Line Assurance – A&amp;E and HART, including winter plan</b>  DM introduced the paper which updated the Committee on a range of information relating to the A&amp;E service line and HART and also</p>	

	<b>Action</b>
<p>included the Winter Plan.</p> <p>DM reported the headline issues in relation to the A&amp;E budget:</p> <ul style="list-style-type: none"> <li>• Overtime plus payments had been stopped and would be used only for specific events going forward, for example the festive period;</li> <li>• The use of Private Providers had been reduced;</li> <li>• Ceasing to use agency staff on the frontline (in line with NHS Improvement requirements).</li> </ul> <p>He advised that increased activity within A&amp;E Operations continued and in total since April 2016 the service had dealt with an additional 28,427 responses. This was concerning as the service progressed towards the normal high activity months relating to the winter period.</p> <p>DM informed the Committee that meal break compliance had returned to more normal levels in November despite higher levels of demand that month. Locality management teams had continued to check timesheets in this regard. Feedback suggested that staff welcomed that management were trying to ensure that meal breaks were taken. PD asked for further information in future reports on the 'tail of performance' in relation to staff mealbreaks.</p> <p>He reported that 30 new staff had been trained and were now working within the EOC contributing to call handling performance. He added that an Amber Disconnect Protocol had been approved at Clinical Governance Group and in line with the AMPDS Academy. Call handling response times were beginning to improve.</p> <p>DM updated the Committee on the workforce information for A&amp;E Operations. He advised that rota implementation was on course for implementation by March/April 2017 with the exception of Hull and East Yorkshire which required further consideration. He added that rotas would not be fully implemented anywhere in the region until the service was satisfied that it was safe to do so.</p> <p>Discussion took place in relation to Honley Ambulance station and DM advised that mitigation plans were in place. He added that stakeholders had been satisfied with plans.</p> <p>DM advised that the Quality and Safety report continued to be circulated on a weekly basis to senior managers and reviewed for significant changes in trends that might require immediate action. Although the service was extremely busy with significant demand increases, which had resulted in some delayed responses, there had been no sign of harm to patients to date.</p> <p>The service was currently operating at Resourcing Escalatory Action Plan (REAP) 2 but with the increase in service demand combined with winter pressure that it was likely to move to REAP 3 next week.</p>	<p><b>DM</b></p>

	Action
<p>He reported that sickness absence levels remained positive. He confirmed that the service monitored Friday/Saturday/Sunday absences due to illness, particularly over the festive period. All requests for annual leave were triangulated with sickness absence leave.</p> <p>DM provided an update on the HART service. He confirmed that there were 31 members of staff awaiting training in Chemical, Biological, Radiological and Nuclear (CRBN) and Special Operations Resilience Team (SORT) with a further 54 going through the selection process.</p> <p>He advised that the Trust were required to increase the numbers of the Ambulance Intervention Team (AIT) to 70 with no additional funding; the Trust currently had 62 AIT staff. He added that the AIT role was completely voluntary and did not attract an additional payment for those undertaking the role.</p> <p>EM referred to the meal breaks and noted the difference between the North and the rest of the region.</p> <p>DM responded that it was purely a geographical issue due to the rural nature of that area of the region.</p> <p>PD thanked DM for the update and she welcomed the positive news on the rota implementation. The Committee noted the pressure on the service of increased demand for A&amp;E services.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update report and taking assurance on the performance across the service line and noting service developments. The Quality Committee noted the pressure on the service of increased demand for A&amp;E services.</b></p>	
<p><b>6.6 PMO Update</b>  RM provided an oversight of the Trust wide Transformation Programme as a means of assurance and exception reporting items for escalation. The paper also updated the Committee on the West Yorkshire Accelerator Zone.</p> <p>She advised that the A&amp;E Transformation Programme and the Hub and Spoke Programme had a 'Green' RAG status and that PTS Transformation and Urgent Care had an 'Amber' RAG status.</p> <p>She informed the Committee that the project lead for the PTS Programme would be recruited to as soon as possible following the departure of the current post holder.</p> <p>She referred to the West Yorkshire Accelerator Zone of which the Trust was an integral part; the initiative hoped to reduce the amount of</p>	

	<b>Action</b>
<p>patients attending emergency care by creating better access, where clinically appropriate, to alternative care pathways. She advised that joint work with the North West Ambulance Service (NWAS) continued on developing an electronic patient record form.</p> <p>PD thanked RM for the detailed report and the update provided to the Quality Committee.</p> <p><b>Approval:</b> <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>7. WORKFORCE</b></p>	
<p><b>7.1 Workforce and OD Update</b> TH provided an overview of matters relating to a range of workforce issues including education and training, equality and diversity and employee wellbeing.</p> <p>She advised that there had been 123 new starters within NHS 111 and 4 new starters would be home workers. She added that workbase assessments for homeworkers did take place to ensure they had a separate room, a suitable chair and that no one could walk behind their workspace (for confidentiality reasons).</p> <p>TH reported the number of live grievances within the organisation (4) and the number of live disciplinaries (24).</p> <p>She advised that she would report on the 'Physical Competency Assessment' (PCA) pilot at the next meeting.</p> <p>She updated the Committee that three new senior members of Human Resources staff had been appointed and that the new Deputy Director of Workforce and Organisational Development started with the Trust in January 2017.</p> <p>EM reminded the Quality Committee of the employee wellbeing fund which could be accessed via Charitable Funds that might be appropriate for some of the employee wellbeing initiatives.</p> <p><b>Approval:</b> <b>The Quality Committee noted the update and was assured by the progress made.</b></p>	
<p><b>7.2 Education and Training Plan Update Report</b> DR provided the Quality Committee with an overview of matters relating to education and training and the training plan.</p> <p>DR advised that a second assessment centre for ECA to Paramedic conversion was planned for January 2017 to complete the</p>	

	Action
<p>commissioned programme for 40 students funded by Health Education Leeds.</p> <p>He referred to the entry requirements for the external Diploma UCAS students which might impact on the March 2017 cohort.</p> <p>He informed the Committee that placement provision was working well although the demand for placements had increased which had meant the Trust had to restrict placement experiences at peak times. He added that mentors were at a premium and these would need increasing to cope with the rise in demand.</p> <p>He advised that the Training Needs Analysis was being reviewed for TEG to consider.</p> <p>DM reported that the A&amp;E training plan for 2017/18 was being developed in a constructive way with the training department.</p> <p>PD asked for some work to be undertaken and reported back to the Committee in relation to the impact of the 40% reduction in CPD funding, what might be removed and whether YAS would have to supplement this in-house.</p> <p><b>Action:</b>  <b>A report to be provided to the Quality Committee in relation to the impact of the 40% reduction in CPD funding, what might be removed and whether YAS would have to supplement this in-house.</b></p> <p>Discussion took place in relation to the Apprenticeship levy and the impact and consequences for the Trust.</p> <p>PD asked that future figures within the report on training courses attended included more context, for example, number of staff initially booked on the course, capacity for the course, actual number in attendance.</p> <p><b>Action:</b>  <b>That future figures within the report on training courses attended included more context, for example, number of staff initially booked on the course, capacity for the course, actual number in attendance.</b></p> <p>PD thanked DR for the report.</p> <p><b>Approval:</b>  <b>The Committee noted the update and were assured on the progress made.</b></p>	<p>DR 041/2016</p> <p>DR 042/2016</p>
<p><b>7.3 Staff Communications and Engagement Update</b>  GH provided an update to the Committee on the work being</p>	

	<b>Action</b>
<p>undertaken within the Communications and Engagement team.</p> <p>She advised that work was progressing on refreshing the staff magazine to include more staff features and staff 'specials' alongside the specific operational/clinical specifics.</p> <p>GH referred to the BBC airing an 'Ambulance Day' the previous week, adding that DM gave a really positive interview. She advised that a lot of work had gone on ahead of this day working with the media to get positive stories about the service in the public domain.</p> <p>DM added that he had emphasised that response performance was the result of system-wide issues.</p> <p>GH reported that Restart-a-Heart day had been a success and had been picked up globally which was a significant achievement for the Trust and Jason Carlyon, Resuscitation Manager and Louise Boyes, Public Relations Officer who had led on the campaign for YAS.</p> <p>She advised that she would be bringing a paper to the next Committee in relation to Staff Reward and Recognition.</p> <p>She reported that work was on-going to refresh the Trust's Vision and Values which would underpin all communication and engagement activities.</p> <p>Discussion took place in relation to the refresh and how this was informed and embedded within other key areas and documentation of the Trust.</p> <p>PD asked that an update be taken to the Board.</p>	
<p><b>Action:</b>  <b>For an update on the Vision and Values refresh be taken to Board.</b></p>	<p><b>RBa/LM 043/2016</b></p>
<p>GH reported that the Corporate Social Responsibility strategy would be formalised and a Steering Group established.</p> <p>PD asked that consideration be given to establishing some measures for success for the Communications and Engagement Strategy.</p>	
<p><b>Action:</b>  <b>Consideration be given to establishing some measures for success for the Communications and Engagement Strategy and be reported to Quality Committee.</b></p>	<p><b>GH 044/2016</b></p>
<p>PD thanked GH for the update.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update.</b></p>	



		<b>Action</b>
<b>8.</b>	<b>RISK MANAGEMENT</b>	
<b>8.1</b>	<p><b>Risk Management Report</b>  RM provided an update on changes to the BAF and Corporate Risk Register since the last Committee and on relevant Internal Audit recommendations.</p> <p>She highlighted some of the new risks which had been added to the Corporate Risk Register since the last meeting, these included:</p> <ul style="list-style-type: none"> <li>• the Apprenticeship Levy;</li> <li>• West Yorkshire Urgent Care capacity;</li> </ul> <p>She advised that the risk in relation to PTS Bid Resource and Clinical Staff recruitment within NHS 111 had increased.  She outlined the Internal Audit reports that had been undertaken that were relevant to the Committee.</p> <p>RM advised that she would be meeting with Leaf Mobbs, Director of Planning and Development to discuss the impact and risks in relation to STPs.</p> <p>PD thanked RM for the update.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the progress made and gained assurance from the robust processes currently in place to manage risk across the Trust.</b></p>	
<b>8.2</b>	<p><b>Information Governance mid-year report and toolkit review</b>  The report provided a mid-year report on the management of information governance and the IG Toolkit (version 14) and to provide assurance that the arrangements were being managed effectively.</p> <p>The final submission for the IG toolkit 2016/17 would be at the end of March 2017 and the results were expected to be improved from last year's.</p> <p>The NHS Records Management Code of Practice had been published which would inform the Trust's review of YAS' policy.</p> <p>It was noted that the a number of records had been embargoed from destruction regardless of their age to comply with the Independent Inquiry into Child Sexual Abuse which instructed that such records be held indefinitely.</p> <p>SP noted the workload associated with Subject Access Requests and FOI requests being received by the Trust.</p> <p>PD asked whether the Trust was still receiving Freedom of Information (FOI) requests from trade unions.</p>	

		<b>Action</b>
	<p>SP advised that the issue had been discussed at JSG meetings and more appropriate routes for information requests would be reiterated at the next meeting.</p> <p>He advised that work was currently being undertaken to review the Trust's Publication Scheme.</p> <p>PD thanked SP for the update.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update and gained assurance that Information Governance arrangements were being managed effectively.</b></p>	
<b>9.</b>	<b>RESEARCH GOVERNANCE</b>	
<b>9.1</b>	<p><b>R&amp;D Update Report</b>  The paper provided an overview of the current position for research and development in the Trust.</p> <p>SD highlighted some of the key areas within research and development. He referred to the letter of congratulations from the Chief Executive of the National Institute for Health Research Clinical Research Network highlighting the Trust's good performance in 2015-16.</p> <p>Discussion took place around the positive work being undertaken within R&amp;D across the Trust and the Trust's aspiration to become similar to a 'teaching hospital' in this regard.</p> <p>AA suggested that a pre-Board presentation on Research and Development might be appropriate.</p> <p><b>Action:</b>  <b>AA to ask the Chairman of the Trust whether a pre-Board presentation on Research and Development might be appropriate.</b></p> <p>PD thanked SD for the update.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update.</b></p>	<b>AA 045/2016</b>
<b>10.</b>	<b>ANY OTHER BUSINESS</b>	
<b>10.1</b>	<p><b>Review of Quality Committee Terms of Reference</b>  The paper provided the draft updated Terms of Reference (ToR) to the Committee for comment prior to them being recommended to the Board on 31 January 2017.</p>	

		<b>Action</b>
	<p>PD asked for the wording at 4.1 to be clarified and AA agreed to amend. It was noted that the paper would be going to TEG on the 12 December for further comment.</p> <p><b>Approval:</b>  <b>The Quality Committee recommended the draft Terms of Reference for the Quality Committee to the Board subject to the amendments and the outcome of TEG discussions on 12 December.</b></p>	
<b>10.2</b>	<p><b>Issues for reporting to the Board and Audit Committee</b>  PD summarised the items to be presented to the Board and Audit Committee including:</p> <ul style="list-style-type: none"> <li>• Hospital handover time;</li> <li>• CQC inspections outcome;</li> <li>• CQUINs risk;</li> <li>• Bright Ideas presentation to raise awareness;</li> <li>• Quality Account;</li> <li>• Holiday Pay risk.</li> </ul>	
<b>11.</b>	<b>FOR INFORMATION</b>	
<b>11.1</b>	<p><b>IPR – Workforce and Quality</b>  The report was noted.</p>	
<b>11.2</b>	<p><b>Quality Committee Workplan</b>  The workplan was noted.</p> <p>The meeting closed at 1210 hours.</p>	
<b>12.</b>	<p><b>Date and Time of Next Meeting:</b>  (0830) 0900-1230 hours  9 March 2017, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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