



Quality Committee Meeting Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ
Date: Thursday 15 September 2016
Time: 0830 hours
Chairman: Pat Drake

Membership:

Pat Drake	(PD)	Deputy Trust Chairman/Non-Executive Director
Erfana Mahmood	(EM)	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 Philip Foster	(PF)	Director of Planned and Urgent Care
John Nutton	(JN)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director (Observer)
Ronnie Coutts	(RC)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Mark Millins	(MM)	Associate Director of Paramedic Practice

In Attendance:

Dr Steven Dykes	(SD)	Deputy Medical Director
Karen Warner	(KW)	Deputy Director of Quality & Nursing
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)
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
Chris Dexter	(CD)	Managing Director – PTS (For Item 6.7)
Sarah Dronsfield	(SD)	CQC Inspection Lead (Observer)
Andrew Proctor	(AP)	CQC Specialist Advisor (Observer)

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager
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	The meeting commenced at 0900 hours.	

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1.	<p>Introduction & Apologies PD welcomed everyone to the meeting. Apologies were noted as listed above.</p> <p>A pre-committee presentation was delivered to the Quality Committee by Louise Hodgson, Sign Up to Safety Lead, Lee Wakefield, Mental Health Professional and Alex Harpin, Senior Clinical Advisor on the Safety Huddles Initiative pilot within the EOC.</p>	
2.	<p>Review Members' Interests Declarations of interest would be noted and considered during the course of the meeting.</p>	
3.	<p>Chairman's Introduction PD reported that she had met with Jock Crawford, Freedom to Speak Up Guardian for the Trust and she felt that he was an excellent appointment to the role. She understood that the 10 Freedom to Speak Up advocates had now been appointed and she would welcome a presentation at the next Quality Committee (pre-meeting) on this subject with Jock and a couple of the advocates.</p> <p>Action: To arrange for the Quality Committee pre-meeting presentation on the Freedom to Speak Up by the Guardian and advocates.</p> <p>PD noted that the Single Oversight Framework had been published and she asked for an update to be brought on this to the next meeting.</p> <p>Action: An update on the Single Oversight Framework to be brought to the next meeting.</p> <p>PD reported that demand for July had been 10.9% above that expected and that demand had continued to be above contract throughout August and into September. This was a challenge for the Trust but with the introduction of ARP, YAS' performance remained good compared with other ambulance services. The Trust was still providing a quality and safe service.</p> <p>PD reminded colleagues to raise any exceptions from the IPR verbally as they presented their reports.</p>	<p>SP</p> <p>SP</p>
4.	<p>Minutes of the Meeting held on 14 July 2016 The minutes of the Quality Committee meeting held on 14 July 2016 were approved as a true and accurate record of the meeting.</p> <p>Matters Arising: There were no items for discussion.</p>	

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<p>5. Action Log The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey.</p> <p>Action 076/2015 – Renewal of registration to Professional Bodies – KW advised that the narrative had been updated in the Quality report. The policy had been reviewed and reports would be run monthly with renewal dates indicated. It was noted that there was a personal responsibility for an individual to renew their professional membership but the Trust was taking a paternalistic approach. Action closed.</p> <p>Action 006/2016 – YAS in-house bank – RBa advised that work is ongoing and the team were in the process of establishing what was required. She suggested the action was closed and she would report back at a point agreed with the Quality Committee and when there was something tangible to update. Action closed.</p> <p>Action 016/2016 – PTS waiting areas – CD advised that there would be an update presented at the next Quality Committee. Action remains open.</p> <p>Action 022/2016 – CPD training for Bank Contracted staff – RBa advised that analysis was being undertaken to assess whether further action was required. Action remains open.</p>	
<p>6. QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</p>	
<p>6.1 Quality Governance and Clinical Quality Strategy KW and SD provided a summary of quality governance and the delivery of the Clinical Quality Strategy.</p> <p>KW referred to the Human Factors Pilot in the EOC and the excellent work within the Safety Huddles as highlighted by the pre-presentation prior to the meeting.</p> <p>She advised that there had been a series of events arranged throughout July to September to engage staff with the safety campaign.</p> <p>KW advised that various types of bariatric stretcher had been trialled and evaluated by frontline staff within the Trust and a suitable stretcher had been selected and ordered for use on each of the new vehicles.</p> <p>She reported that a standard operating procedure (SOP) had been agreed through TMG for patients with complex moving and handling needs, including bariatric patients, and this had been issued to staff.</p>	

	Action
<p>KW informed the Committee that during the months of June and July there had been a significant increase in the number of complaints received from PTS Renal Dialysis patients and Renal Units; mainly due to changes within the service including the introduction of auto-scheduler. PTS management had placed a dedicated resource to understand the issues of this group of patients including communicating and engaging with them to resolve their concerns. Following this performance had improved during August and this would continue to be monitored going forward.</p> <p>She updated the Committee on work which had commenced to evaluate and develop approaches to the introduction of a 'Critical Friends' network.</p> <p>KW advised that YAS would be a pilot Trust for the Department of Health's development and evaluation of a national complainant satisfaction survey.</p> <p>She reported that the Intercollegiate Document for Safeguarding Adults which had been published in May 2016 had been withdrawn and therefore there was a lack of clarity on the nationally mandated roles and competencies for health care staff. She advised that the Trust was continuing to progress proposals to include safeguarding adults level 2 into all mandatory training for frontline staff. The Trust would await publication of the Intercollegiate document in relation to any other training requirements for adults.</p> <p>She informed the Committee that the new Head of Safeguarding had been appointed.</p> <p>She updated the Committee on the progress of the national consultation on the Associate Nursing role and work was progressing nationally to agree the scope for this new role. Pilot sites had been offered and YAS had contributed to a bid as a partner with North Kirklees.</p> <p>She advised that work to introduce the nursing internship pilot programme was progressing. The YAS' job description had been finalised and the next step would be to progress to recruitment.</p> <p>Discussion took place in relation to the withdrawal of the nursing bursary and how this might affect student choice. The issue of the number of clinical staff available within the health sector was highlighted.</p> <p>DM referred to the National Quality Board publication 'Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing'. Although this guidance related to the acute provider care setting, there were areas relevant to YAS in terms of understanding local staffing decisions.</p>	

	Action
<p>SD referred to the clinical audits which had been undertaken and advised that these had been completed by frontline staff.</p> <p>JM advised that in terms of the UCP Analgesia audit the Trust would look at the compliance of recording the pain score. He explained that although the PGD looked non-compliant there were reasons for this. The Committee noted the explanation.</p> <p>SD reported that there had been a 50% reduction in medicine errors. There had been a couple of new errors but no harm had been caused to patients through these errors. It appeared to be human error and a message to staff reinforcing the correct use of medicines would be disseminated through the usual routes.</p> <p>Discussion took place in relation to how, when and frequency of refresher training in medicine management took place.</p> <p>DM clarified that when there was an error with medicine use an individual's record was reviewed to ensure that the individual had not had a medicine error previously.</p> <p>EM commented that she was pleased that staff had engaged with the safety roadshows and she would be interested to see whether there were any emerging themes.</p> <p>SD responded that some of the concerns raised by staff focused on pathways for mental health and the lack of midwifery services in the community.</p> <p>JM added that there was a difference in availability of midwifery services across the region.</p> <p>PF arrived at 0935 hours.</p> <p>PD asked that the evaluation of the Human Factors Pilot within the EOC be presented at Quality Committee.</p> <p>Action: That the evaluation of the Human Factors Pilot within the EOC be presented at Quality Committee.</p> <p>Discussion took place in relation to the pain audit and it was expected that the introduction of the ePRF would aid with better recording in this regard. PD asked that staff continued to be reminded about the recording of pain scores.</p> <p>PD asked how learning from the recent issues with Renal patients within PTS would be shared across the Trust.</p>	<p>KW 023/2016</p>

	Action
<p>CD assured the Committee that lessons had been learnt and that future service changes would be different and incorporate the relevant learning. In terms of sharing this learning with the wider Trust, he expected that once the Communications lead officer was in place for PTS this role would take this forward.</p> <p>Discussion took place in connection to achieving the CQUINs target for the number of employees receiving the flu injection. It was noted that this year 'flu vouchers' had been provided with September payslips to enable staff to have injections at other providers such as pharmacies and the Trust would incur the cost. It was confirmed that the Trust would only be charged once the voucher was claimed by the provider.</p> <p>PD asked that it be arranged for the Board to receive their flu vaccinations at the Board meeting in November.</p> <p>Action: To arrange for the Board to receive their flu vaccinations at the Board meeting in November. <i>(Update following the meeting, this had been arranged for 8 November).</i></p> <p>SP asked whether there were any emerging risks on delivery of the CQUINs.</p> <p>CD remarked that there had been a slow start to the pre-transport courtesy calls although the service had performed better in quarter 2.</p> <p>SD referred to the 'patient outcome data' A&E CQUIN and advised that it was likely that the Trust would achieve this CQUIN but that it would be a challenge.</p> <p>PD informed the Committee that she felt the profile of the Bright Ideas Scheme should be raised. She would welcome a paper on this at a future meeting. KW noted that this was work in progress in her team and that an update could be provided at the next meeting.</p> <p>Action: A paper to be presented at a future Quality Committee/Trust Board meeting on the Bright Ideas Scheme.</p> <p>PD referred to data security and stated that she felt that there could be more clarity in relation to an individual's responsibility in this regard.</p> <p>SP advised that this information was part of the IG Toolkit and it might be beneficial to bring an item on this to a future meeting.</p> <p>Action: To consider whether to bring a paper to a future Quality Committee on the IG toolkit.</p>	<p>AA 024/2016</p> <p>SP 025/2016</p> <p>SP 026/2016</p>

		Action
	<p>PD thanked colleagues for a good and positive report.</p> <p>Approval: 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.</p>	
<p>6.2</p>	<p>Review of QIA 2016/17 CIPs</p> <p>KW outlined the details of the report which was to update the Quality Committee of the progress which had been made in completing the Quality Impact Assessments of the Cost Improvement Plans and report on the monitoring of indicators relating to the safety and quality of services.</p> <p>KW drew the Committee’s attention to the A&E efficiencies and Field Operations re-organisation which aimed to increase efficiency and productivity within A&E Operations. She advised that the increase in demand proved to be an ongoing challenge and that there was a continued review of the available metrics and appropriate use of resources to ensure the maintenance of safety and quality and delivery within the available budget.</p> <p>KW referred to the issues with renal patients within PTS which had previously been discussed. Mitigation plans had been put in place and this was an improving picture.</p> <p>SP added that the risk with A&E Operations remained achieving a budgetary balance whilst developing a workforce plan against the increase in demand.</p> <p>PD thanked the team for the report.</p> <p>Approval: The Quality Committee noted the updated and gained assurance that the Trust had a robust Quality Improvement Assessment process that was monitored appropriately.</p>	
<p>6.3</p>	<p>Expert Patient Report</p> <p>PD informed the Committee that ABP had sent her apologies for the meeting and that her report was attached for information. She added that ABP had produced an excellent report which highlighted the significant amount of work that she undertook as YAS’ expert patient. She particularly referenced the ‘critical friends’ network that she was helping to establish for the Trust.</p> <p>SP informed the Committee that he met with ABP on a regular basis and he outlined some of the work she was currently involved with.</p> <p>EM referred to some of the pending action that ABP was still awaiting from the Trust.</p>	

	Action
<p>SP advised that he would discuss these issues with ABP with a view to how these would be monitored going forward to ensure the Trust responded in an effective and timely fashion.</p> <p>Approval: The Quality Committee received the YAS Expert Patient report on actions since the last meeting for information.</p>	
<p>6.4 Significant Events/Lessons Learned</p> <p>SP provided the Quality Committee with an update on significant events highlighted through the Trust reporting systems and by external regulatory bodies and provided assurance on actions taken to effectively learn from adverse events.</p> <p>He advised that there were 42 open Significant Events (SIs) of which 14 were being investigated, two of which had been given extensions due to the complexity of the investigations involving external agencies. The other SIs were with the Commissioners to review.</p> <p>SP informed the Committee that there had been no SIs in relation to the implementation of the ARP2 pilot.</p> <p>He updated the Committee on a new CQUIN which focussed on the development of an end-to-end review process. During Quarter 1 there had been a pilot involving a number of actual SIs. The pilot exercise identified learning which had been carried forward into Quarter 2. Three end to end reviews were being scheduled for September. The end to end reviews would strengthen joint working with providers and enable appropriate lessons to be identified and actioned.</p> <p>SP informed the Committee that a review meeting had taken place with St John Ambulance to discuss improvements that could be made by both organisations to engage more effectively. Processes had been developed and strengthened further to enable more efficient working practices.</p> <p>He advised that there had been no increase in incidents that had affected patients and/or staff and those with a potential level of harm or moderate and above.</p> <p>PD asked about the increase in verbal abuse to staff.</p> <p>SP responded that there was a Trust focus on violence and abuse towards staff and information would be communicated appropriately once it had been analysed.</p> <p>DM added that he had regular meetings with West Yorkshire Police and that there had been an increase in violence and abuse to their officers. Both organisations were considering progressing some joint work in this area.</p>	

	Action
<p>He advised that Police Officers and PCSOs would be issued with 'bodycams' and this might be something that YAS could consider.</p> <p>PD asked for an analysis on trends on violence and abuse to staff.</p> <p>Action: To provide analysis on trends in relation to violence and abuse towards staff.</p> <p>Action: Consideration whether violence and abuse towards staff be raised at the Trust Board.</p> <p>SP informed the Committee that discussions had taken place with the staff side.</p> <p>SP advised that since May 2016 the Trust began issuing direct service to service letters to hospitals where extensive delays (in excess of 2 hours) had been experienced by YAS at handover.</p> <p>SP advised that discussions were also taking place with Commissioners in relation to impact of delays on individual patients.</p> <p>DM added that there had been a meeting with officials at Scarborough District Hospital concerning the specific issues with delayed handovers at this Trust. He informed the Committee about a SI which related to a RTC that occurred when no vehicle was available to attend due to handover times being experienced at Scarborough District Hospital.</p> <p>JM informed the Committee that consultation had recently been launched on a framework for 'never events'.</p> <p>SP reported that employer liability claims had reduced and this could be contributed to the amount of work which the Trust undertook in respect of moving and handling.</p> <p>SP informed the Committee that one SI was in relation to a data breach concerning staff payroll information. This was an individual error and it had been managed proactively once it had been highlighted. All staff who had been affected by the data breach had been contacted and the Trust had reported the incident to the ICO.</p> <p>SP updated the Committee in respect of the Freedom to Speak Up initiative and the work that had been undertaken by the FTSU Guardian and advocates.</p> <p>He advised that during the mock inspection of NHS 111 there had been feedback from staff, a listening exercise had been undertaken and the themes from this had been communicated to NHS 111 management.</p>	<p>SP 027/2016</p> <p>SP 028/2016</p>

	Action
<p>PD referred to Interfacility transfer and stated that she felt this required focus by the Trust.</p> <p>DM responded that interfacility transfers had become more apparent because of the ARP 'Reds' which were now a much 'smaller' group and it was easier to identify trends. He added that he felt this was a national issue that should be considered on a national basis.</p> <p>JM informed the Committee that the Chairman of NASMED was reviewing the IFT process on a national basis.</p> <p>PD asked what the Trust did with feedback from staff from reported incidents.</p> <p>SP responded that work was on-going to produce a high level thematic communication on what action had been undertaken following staff feedback. He added that it was not always possible to provide individual feedback unless this related to something highly significant.</p> <p>KW added that compliments were also fed back where the individual member of staff could be identified.</p> <p>PD asked whether there was pressure in the system for response times for claims.</p> <p>SP advised that work had been undertaken between the Claims Team and Operation Leads re-designing paperwork to make the process easier. Training had also been provided for managers on investigations.</p> <p>PD thanked SP for the report.</p> <p>Approval: The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</p>	
<p>6.5 A&E Plan update</p> <p>DM outlined the details of the report which updated the Committee on performance related activities within A&E Operations.</p> <p>DM reported that there had been an increase in demand within the service which had resulted in the service having to deal with an additional 18,000 responses year to date. He added that the Trust had a block contract for the service which meant that the Trust could not claim additional funding to enable it to meet the increased demand.</p>	

	Action
<p>He updated the Committee on performance response times which were positive despite issues with capacity and the increase in demand.</p> <p>DM advised that due to the pressures discussed there had been a reduction in the number of crews taking their meal breaks within the allotted time.</p> <p>DM updated the Committee on the ARP. It was expected that the Trust would participate in the next phase of the pilot and a paper would be provided at the next Trust Board for approval. He advised that phase three of the ARP addressed some of the issues around the Amber categories. He would bring a more detailed paper on this to the next Quality Committee.</p> <p>He reported that previous IPRs had highlighted the impact on call handling standards due to call handlers spending more time on amber calls as a consequence of the changes to ARP. He informed the Committee that in order to correct the position an Amber Disconnect Protocol had been approved in line with MPDS academy guidelines. A large number of vacancies had been filled and staff were coming out of training into the EOC. All of these factors had provided a positive impact on call handling performance during August.</p> <p>DM provided an update on the transformation programme informing the Committee that recruitment had been positive with numbers near where they needed to be and that attrition rates continued to fall. Good progress was being made with the rota implementation.</p> <p>SP referred to staff concerns in rural areas in relation to RRV cover.</p> <p>DM responded that two areas had been identified and meetings had taken place with the local MPs. The concerns for one area had been resolved. The second area work was on-going to resolve the issues to ensure that the correct level of response was available. The affected staff would be kept informed.</p> <p>PD asked that mitigation plans be brought to the next Quality Committee.</p> <p>Action: To bring mitigation plans for the rota implementation in rural areas (East Yorkshire) to the next Quality Committee.</p> <p>DM explained that there had been one episode at DMP level which had been an isolated significant spike in demand at 0200 hours on a Sunday morning in July. He informed the Committee that the on-call procedures had been activated.</p>	<p>DM 029/2016</p>

	Action
<p>He advised the Committee that A&E Operations planned to reduce reliance on private providers and this had been discussed at both TEG and TMG and mitigation plans to reduce risks had been put in place. The reduction in private provision was being closely monitored through the weekly Quality and Safety report.</p> <p>EM commented that the staff she had spoken with had been positive about the level of engagement on the rota changes. She asked whether there was confidence the target number would be reached by October.</p> <p>DM confirmed that he was confident that 30% of new rotas would be implemented by that timeframe. There was an issue with West Yorkshire, and East Yorkshire was not in a position to take changes forward due to the vacancy factor in this area. He confirmed the Trust would not make any changes to rotas during December and January.</p> <p>EM questioned whether there was any reluctance for staff to take up overtime.</p> <p>DM responded that incentives for overtime had been removed and immediately following this the take-up of overtime had decreased, it was now increasing again. He confirmed he had no concerns in this regard.</p> <p>KW asked whether a Quality Impact Assessment was required for the next phase of ARP.</p> <p>DM confirmed that once the next ARP phase had been 'signed off' by NHSI then the Trust would need to undertake a QIA and this would be required by the Board and would be brought to the Quality Committee.</p> <p>PD asked that a review of the key risks be incorporated into the report to Audit Committee.</p> <p>Action A review of the key risks be incorporated into the report to Audit Committee.</p> <p>PD thanked DM for the update.</p> <p>Approval: The Quality Committee noted the update report and taking assurance on the performance across the service line and noting service developments.</p>	<p>DM 030/2016</p>
<p>6.6 PMO Update RM provided an overview to the Quality Committee of the status of the Trust wide Transformation Programme via the current PMO dashboard.</p>	

	Action
<p>RM informed the Committee that as DM had already provided an update on the A&E Transformation Programme and CD would be providing an update on the PTS Transformation Programme later on the agenda she would not cover these specifically under this agenda item.</p> <p>She advised that the Hub and Spoke Programme continued on plan. The funding options had been refined. The Vanguard Programme was progressing positively and she advised that the Secretary of State for Health had nominated West Yorkshire as the only 'Accelerator Zone' for urgent and emergency care.</p> <p>PF updated the Committee on what he knew in relation to the 'Accelerator Zone'. At the time of the meeting it had not yet been agreed. The aim of the initiative was to reduce the four hourly waiting within Accident and Emergency Departments and increase calls dealt with by a clinician with NHS 111. It would look to a 'whole system' solution.</p> <p>RM advised that joint working with NWS was taking place on an ePRF solution.</p> <p>RM referred to the proposed Dashboard which had been attached to the report and asked for colleague's views in this regard. It was agreed that colleagues would contact supply any comments to RM within two weeks of the meeting.</p> <p>PD thanked RM for the update.</p> <p>Approval: 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.</p>	
<p>6.7 Service Line Assurance – PTS</p> <p>CD outlined the details of the paper which provided assurance to the Quality Committee that the quality standards for patients were being met by the PTS Service line.</p> <p>CD reported that July saw an overall improvement in performance within PTS for 'Inward Journeys' and remained above target of 82.9% and well ahead of year to date.</p> <p>In terms of July's performance against KPI 3 'Outward Journeys' the service was slightly below target for patients getting collected within 90 minutes. It was noted this was an improvement on June's figures.</p> <p>CD explained that PTS had introduced a number of changes to the West Yorkshire Consortia area in June to support the implementation of the 'PTS Change Programme'.</p>	

	Action
<p>The changes resulted in having a negative impact on Renal Patients including a serious under-performance for the final 10 days of June. This was reported and escalated appropriately and immediate service improvement measures were put in place to resolve the issues.</p> <p>The PTS management team actively engaged with renal stakeholders during that period and a series of meetings were arranged. PTS had since began to trial the extended use of sub-contractors and this had already shown improvements in performance.</p> <p>He advised that he had reported to the Oversight and Scrutiny Committee at Leeds on the issues and he expected to attend the next meeting on 5 November to update the Committee further.</p> <p>CD noted that Leeds Hospital Teaching Trust had not been wholly supportive of the changes which PTS introduced and the service was engaging with the hospital in this regard.</p> <p>Discussion took place in relation to 24/7 discharge and where the accountability would sit for discharges, specifically in relation to discharging late at night or early morning. It was agreed that the discussion be taken at a future Joint Quality and Finance and investment Meeting to consider all aspects of this direction of travel.</p> <p>Action: For an item to be taken to a future Joint Quality and Finance and Investment Committee Meeting to consider 24/7 discharges in the context of YAS' provision of PTS services in this regard.</p> <p>CD reported that sickness absence had been disappointing and currently stood at 7.36%, work was on-going to reduce this figure.</p> <p>CD informed the Committee that the service would increase the use of Private Providers.</p> <p>He outlined the next steps for the service which aimed to ensure that PTS delivered a high quality and sustainable service. He reiterated that lessons had been learned from the issues that had arisen from the changes to the service in June.</p> <p>EM questioned the number of deep clean of PTS vehicles outside of 8 week.</p> <p>CD explained the reason for this and he confirmed that this was not a trend.</p> <p>PD asked that an update be provided to Audit Committee and Trust Board on lessons learned from the impact of the changes to the service for Renal Patients.</p>	<p>CD/SP 031/2016</p>

		Action
	<p>Action: An update on lessons learned from the impact on renal patients from the service changes within PTS.</p> <p>Approval: The Quality Committee noted the update report and gained assurance on the performance across (including the actions taken to rectify the performance issues in June 2016) the service line and noting service development.</p>	<p>CD 032/2016</p>
7.	WORKFORCE	
7.1	<p>Workforce Plan Update Report 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>TH reported that future management training would include a module in relation to ‘mental health’ awareness within the workplace.</p> <p>She advised the Committee that an action plan had been developed for the Workforce Race Equality Standard (WRES) and progress against this was reported to both TEG and TMG.</p> <p>She referred to a recruitment event which had taken place on 4 August at Leeds Town Hall. There had been over 500 attendees from a range of diverse communities and the Trust promoted YAS as an employer of choice across the Yorkshire region.</p> <p>TH informed the Committee that members of YAS’ LGBT Network marched in the parade at the Leeds Pride event which had taken place in August.</p> <p>She reported that the mandated PDR training for managers was improving with 283 managers trained to date, 78 booked on to future courses and 96 still to book a place on the course.</p> <p>TH informed the Committee that recruitment to NHS 111 was positive with 201 candidates going through pre-employment checks. The aim was to have people in post by November.</p> <p>She advised the Committee what actions were being taken to attract clinicians to the Trust including attending the RCN event in November with a stand showing career opportunities within YAS. The Trust was also introducing a number of initiatives such as homeworking for those staff where it would be appropriate to do so. She further advised that the HR team was working to reduce the length of the recruitment process to make it much more efficient and timely.</p>	

	Action
<p>TH outlined a number of the employee wellbeing initiatives. She informed the Committee that some Trust colleagues had joined colleagues from NWS and other emergency services and taken part in the Blue Light Walk to raise funds and awareness for the Mind Blue Light Campaign.</p> <p>She updated the Committee on an issue in relation to holiday pay; this was an equal pay issue. The Trust was looking at how to best resolve this issue. It was agreed that a paper should be taken to the Audit Committee in this regard.</p> <p>Action: A paper on the issues surrounding holiday pay in the context of equal pay to be provided to the Audit Committee.</p> <p>DM referred to the Trust ensuring that staff had access to a Clinical Psychologist who specialised in trauma for staff who had experienced a particular traumatic incident was a positive step forward. The service would be available to all service lines within the Trust.</p> <p>PD asked what work was being undertaken on the apprenticeship levy.</p> <p>SOL responded that a framework was being developed and this would be shared at an appropriate stage.</p> <p>Discussion took place around the Workforce Plans and the age and skill profile of YAS employees.</p> <p>PD asked whether internally recruited managers received the appropriate management training to enable them to carry out their role.</p> <p>TH advised that all new managers, including those recruited internally, were required to undertake the 'Manager Essentials' training within the first three months of taking up post, she acknowledged though that the timescale for completion was nearer 6-12 months.</p> <p>DM suggested that this might be incorporated into an individual's objectives with an appropriate timescale to complete.</p> <p>PD thanked TH for the update.</p> <p>Approval: The Quality Committee noted the update and was assured by the progress made.</p>	<p>TH 033/2016</p>
<p>7.2 Education and Training Plan Update Report SOL provided an overview of matters relating to education and training and the training plan.</p>	

	Action
<p>SOL advised that training within A&E Operations was generally on track although there was some more training required for EMT1s & EMT2s which had recently been approved. She asked the Committee to note the growth of placement provision.</p> <p>DM remarked that the growing placement provision did create a strain on training and those areas providing the placements. He emphasised that he was supportive of placement provision but that it was becoming a challenge to meet the demand.</p> <p>PD asked how bariatric training was being rolled out across the Trust.</p> <p>SOL advised that all new ECAs and Clinical Supervisors were trained in the generic equipment and Delivery Managers were trained in both generic and specific pieces of equipment.</p> <p>DM added that the full range of equipment was complex. He advised that a SOP had been put in place which included a risk assessment for use of bariatric equipment and was now in operation.</p> <p>DM advised that the service reduced training abstractions over the winter months.</p> <p>PD thanked SOL for the update.</p> <p>Approval: The Committee noted the update and were assured on the progress made.</p>	
<p>7.3 Staff Communications and Engagement Update GH provided an update to the Committee on the activities of the Communications team.</p> <p>She informed the Committee that communications across the organisation should be aligned to the corporate strategy with a clear and consistent message being cascaded across the organisation.</p> <p>The Communications Team had been working on a number of workstreams including scoping the potential for a Management Conference in November. YAS TV had been rolled out across the organisation and positive feedback had been received in this regard. There were a few initial issues which the team were working to resolve.</p> <p>Work continued on reinvigorating Teambrief with the aim of members of the Executive Team accompanying the Chief Executive where it was appropriate and relevant.</p> <p>The Staff Update had been revamped with more clinical and operational focus on a weekly basis, and then on a monthly basis the update would include 'other' new items.</p>	

		Action
	<p>GH advised on the next priorities for the team which included Corporate Social Responsibility and Engagement. She remarked that YAS had a significant impact on local communities and as such should be a good corporate citizen.</p> <p>PD thanked GH for the update and remarked that communications and engagement was a significant area of work within the Trust. She welcomed initiatives for more focused and modern communications and engagement tools.</p> <p>Approval: The Quality Committee noted the update.</p>	
8.	RISK MANAGEMENT	
8.1	<p>Risk Management Report</p> <p>SP outlined the details of the report which updated the Quality Committee on changes to the Board Assurance Framework and the Corporate Risk Register and to provide assurance on the robust processes in place to manage risk across the Trust.</p> <p>He advised this was the regular report that was presented for the Trust Board.</p> <p>He outlined the new risks which were included at paragraph 3.1 of the report and risks removed were detailed at paragraph 3.4 of the report.</p> <p>SP updated the Committee on the Internal Audit Risk profiling work which was on-going. There would be an overall assurance mapping exercise to identify any gaps in assurance and/or risk.</p> <p>PD questioned the number of actions on the BAF and CRR for March 2017 and whether this was an achievable scenario.</p> <p>SP responded that the BAF and CRR included complex areas and the date against each risk was a projected timeline but risks might be managed prior to these dates.</p> <p>PD thanked SP for the update. All risks had been identified within reports that had been included on the agenda and she thanked colleagues for their work in this regard.</p> <p>Approval: The Quality Committee noted the progress made and gained assurance from the robust processes currently in place to manage risk across the Trust.</p>	
9.	RESEARCH GOVERNANCE	
10.	ANY OTHER BUSINESS	

		Action
10.1	Issues for reporting to the Board and Audit Committee PD summarised the items to be presented to the Trust Board and Audit Committee.	
11.	FOR INFORMATION	
11.1	IPR – Workforce and Quality The report was noted.	
11.2	Quality Committee Workplan The workplan was noted. The meeting closed at 1200 hours.	
12.	Date and Time of Next Meeting: (0830) 0900-1230 hours 8 December 2016 , Kirkstall and Fountains, Springhill 1, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**