



## Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ  
**Date:** Thursday 14 July 2016  
**Time:** 0830 hours  
**Chairman:** Pat Drake

### Membership:

Pat Drake	(PD)	Deputy Trust Chairman/Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Mary Wareing	(MW)	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 Director of HR and OD
Dr Philip Foster	(PF)	Director of Planned and Urgent Care

### Apologies:

Dr Philip Foster	(PF)	Director of Planned and Urgent Care
Barrie Senior	(BS)	Non-Executive Director (Observer)
Ronnie Coutts	(RC)	Non-Executive Director (Observer)
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education

### In Attendance:

Anne Allen	(AA)	Trust Secretary (Observer)
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Deputy Medical Director
Mark Millins	(MM)	Associate Director of Paramedic Practice
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)

### Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager
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		Action
	The meeting commenced at 0910 hours.	
1.	<b>Introduction &amp; Apologies</b> PD welcomed everyone to the meeting. Apologies were noted as listed above.	

	<b>Action</b>
	A pre-committee presentation was delivered to the Quality Committee by John Bell, Dispatch Practice Developer on the subject of ARP2 from a staff perspective.
<b>2.</b>	<p><b>Review Members' Interests</b> Declarations of interest would be noted and considered during the course of the meeting.</p>
<b>3.</b>	<p><b>Chairman's Introduction</b> PD advised that information on preparation for the Quality Care Commission inspection was on the agenda.</p> <p>She informed the Committee that the Well Led Assessment and IPR had been placed on the agenda for information. She expected that all exceptions would be included in individual reports and relate to the BAF and Corporate Risk Register.</p>
<b>4.</b>	<p><b>Minutes of the Meeting held on 12 May 2016</b> The minutes of the Quality Committee meeting held on 12 May 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>5.</b>	<p><b>Action Log</b> 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 - It was confirmed that Paramedics had been re-registered in July/August 2016. Confirmation of the process for nurses was requested. Action remains open.</p> <p>Action 001/2016 – Clinical Supervision – This was on the agenda. Action closed.</p> <p>Action 005/2016 – Overseas Recruitment Update – This had been included in the Chief Executive's Report at the May Public Board. Action closed.</p> <p>Action 006/2016 – YAS in-house bank – RBa reported this was a work in progress. She would update further at the next Quality Committee. Action remains open.</p> <p>Action 007/2016 – Patient Survey Report – This had been included in the Quality Governance Report. Action closed.</p> <p>Action 008/2016 – Paragraph on domestic violence within the Quality Governance and Clinical Quality Report – This had not been included in the Quality Governance Report but KW was able to provide a verbal update.</p>

	<b>Action</b>
<p>The Trust received approximately 12,700 Safeguarding referrals annually and of these 8% related to domestic abuse. Of the 8%, 27% related to substance abuse, 25% to alcohol abuse and 36% to mental health issues. KW confirmed that domestic abuse was part of the Statutory and Mandatory workbook. The Trust was looking at a domestic violence pathway. Level 2 safeguarding training was increasing and domestic violence champions had been sourced across localities. The Trust was also working in partnership with several Local Authorities in this regard. Action closed.</p> <p>Action 009/2016 – Flu vaccination plans – This had been included in the workforce update. Action closed.</p> <p>Action 010/2016 – To raise flu vaccination take-up with the Trade Unions – RBa advised this would continue to be raised through the JSG meetings. Action closed.</p> <p>Action 011/2016 – Report of the preparation of the CQC inspection – The item was on the agenda. Action closed.</p> <p>Action 012/2016 – Vanguard Update – This was on the agenda for the Joint QC and F&amp;IC meeting later that day. Action closed.</p> <p>Action 013/2016 – ARP2 information to be included in the Chief Executive’s Report – This was now included. Action closed.</p> <p>Action 014/2016 – Presentation of PDR information – SP advised that he had started discussions with the Analyst Team on how better to report this information. Action closed.</p> <p>Action 015/2016 – UCP report to be sent to RC – This action had been completed. Action closed.</p> <p>Action 016/2016 – PTS waiting areas – This was being progressed. PD asked for an update report to come back to Quality Committee. Action remains open.</p> <p>Action 017/2016 – Publication of the Communications and Engagement Plan – This item was on the agenda. Action closed.</p>	
<p><b>6.</b></p>	
<p><b>6.1</b></p> <p><b>Quality Governance and Clinical Quality Strategy</b> KW introduced the item which provided a summary for quality governance and delivery of the Clinical Quality Strategy.</p> <p>KW referred to the Safety Huddles which were part of the Human Factors pilot within the EOC. She explained that there had been improvements to the methodology. These had been very well received by staff. It was intended to roll out the initiative to NHS111 on a shift by shift basis.</p>	

	Action
<p>KW advised that using a handover tool such as SBAR allowed staff to shape the patient handover conversation. She informed the Committee that there had been observational audits undertaken at three emergency departments to ascertain the quality of handovers. The evaluation of these audits was underway and a report would be produced in due course. Early indications were that although handovers were good some improvements could be made.</p> <p>KW reported that in order to promote YAS' sign up to safety campaign a series of events would take place through July to September. These would be based at Emergency Departments and would provide the opportunity to engage with A&amp;E operational clinicians and celebrate good practice. There would be topics of conversations including medicine management, infection prevention and control and mental health.</p> <p>KW updated the Committee on the work underway regarding bariatric patients, she advised that areas for improvement had been identified and clear timescales determined.</p> <p>Discussion took place around consistency across the region in this regard and it was agreed that a report would be provided at the next Quality Committee.</p> <p><b>Action:</b>  <b>To provide a report on training and awareness for staff in regard to Bariatric patients and equipment across the region.</b></p> <p>SP added that a Standing Operating Procedure was being developed and additional guidance on bariatric patients and action to improve provision of equipment was also in development.</p> <p>SD reported that the 2015 Febrile Illness report had highlighted there had been a significant improvement in YAS' delivery of this CPI care bundle.</p> <p>SD advised that overall compliance with the Sepsis care bundle had improved compared with the previous year's data.</p> <p>JM reported that sepsis had been in the media spotlight that week and that YAS had already put in a significant amount of work in this area to identify and treat the signs of sepsis early, he added that SD was heading up regional meetings around sepsis.</p> <p>SD referred to the Health Record Completion Audit which provided assurance to the Trust that YAS staff were adhering to the basic completion of the health records.</p> <p>He reported that the review of NICE guidelines for the Trust was undertaken monthly and that the forward planner and review guide matrix had been appended to the report.</p>	<p>KW</p>

	<b>Action</b>
<p>PD asked if there were any risks with the reviews that were highlighted as amber.</p> <p>SD confirmed there were no additional risks for those reviews flagged as amber. DM added that there would always be a degree of risk associated with controlled drugs.</p> <p>Discussion took place on the conversation which had taken place at the Audit Committee on Clinical Audit.</p> <p>SP confirmed that all the relevant information was supplied to the Audit Committee but that in future there would be greater clarity over what was covered and where the information was from.</p> <p>PD asked about complaints regarding staff attitude.</p> <p>RBa responded that work was being done within Corporate Communications on the Trust's Values and embedding competencies within the PDR process.</p> <p>PD expressed concern with regard to the increase in complaints from PTS Renal Dialysis patients.</p> <p>SP explained the new ways of working which had been introduced into PTS and this had included integrating renal patients with other PTS patients. He acknowledged that there had been some initial issues that the management team within PTS were aware of and were trying to resolve. There had been a negative impact on the renal service and consequent increase in complaints. There would be ongoing dialogue with renal patients concerning the changes and specific remedial action had been agreed with the PTS team. If the issues did not resolve and improve over the short term then there were mitigation plans in place to return to pre-change service provision.</p> <p>Discussion took place around the changes to the PTS and the impact this had had on this particular group of patients.</p> <p>SP explained that Chris Dexter, PTS Managing Director was considering different options and he was aware of the issues. There was confidence that in the longer term the changes would bring about an overall improvement for renal patients, but acknowledgement that in the short term the impact was not positive. It was also acknowledged that initial engagement with renal patients could have been better.</p> <p>PD referred to safeguarding referrals and the need to ensure that the Trust was supportive of staff in this regard.</p>	

	<b>Action</b>
<p>KW responded that staff had had appropriate training and knew when referrals should be made, adding that staff could differentiate between when a safeguarding referral was required or whether a social care referral would be more appropriate.</p> <p>PD welcomed the reduction in medicines errors.</p> <p>SD responded that there had been some good work by the team to reduce medicine errors. There were still some issues around naloxone and atropine but this had been mitigated by storing naloxone in a separate container. This would be monitored over the next quarter to ensure this resolved the situation.</p> <p>PD asked that SD pass on thanks to the team for their hard work in this area.</p> <p>Discussion took place around the ambulance mortality CQUIN which considered those cases where patients die whilst in receipt of YAS care and had received care from another health care professional within 72 hours.</p> <p>SD advised that all deaths whilst within YAS' care were reviewed by a YAS clinician.</p> <p>PD referred to the delays in handover at emergency departments. She would welcome an end to end review.</p> <p>SD explained that Paramedics flagged issues with patients and these were also recorded accordingly.</p> <p>PD referred to the Duty of Candour; being open and honest with patients and/or their families when something had gone wrong and moderate or above harm had been sustained.</p> <p>Discussion took place around the quality and consistency of the responses.</p> <p>KW confirmed that training had been sourced in this regard.</p> <p>PD asked whether there were any risks for YAS associated with the changes to arrangements for the National Guardian for Health and Care: Review of Data Security, Consent and Opt-Out recommendations to the Secretary of State for Health. SP responded that the IG toolkit had covered this previously and nothing had changed significantly with the new recommendations. Information would be included on the Annual Non-Clinical report at the next Board meeting.</p> <p>JM added that in terms of the Caldicott officer and SIRO roles the latest information concentrated on data security.</p>	

	Action
<p>This included ensuring that where a patient had actively opted out of sharing information then YAS did not use the information in accordance with the guidelines.</p> <p>SP updated the committee on the Freedom to Speak up Guardian role within YAS. Jock Crawford had been appointed into this role and he had already dealt with a small number of issues.</p> <p>AA informed the Committee that there would be a presentation prior to the Trust Board in Public meeting on the 26 July regarding the Freedom to Speak Up and Jock would be attending this.</p> <p>PD thanked KW and SD for the update and commented positively on the quality of the report. She asked that KW include detail on the Nursing Strategy at the next meeting. She requested that she would like the pre-Committee presentation to be on the Safety Huddles.</p> <p><b>Action:</b>  <b>Pre-Committee presentation to be focused on the Safety Huddles in the EOC.</b></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 workstreams were progressing to plan.</b></p>	<p><b>KW</b></p>
<p><b>6.2 CQC Readiness and Plan</b></p> <p>KW outlined the purpose of the paper which was to update the Quality Committee on the forthcoming CQC inspection, present the report from the mock CQC inspection undertaken in May 2016 and to provide a summary of the CQC national strategy.</p> <p>KW informed the Committee that the report outlined the details of the key findings and recommendations of the last CQC inspection at section 3, section 4 covered the Trust's preparation for the forthcoming inspection and section 5 detailed the CQC mock inspection. KW added that this did not cover NHS 111 as the date was not yet known.</p> <p>KW reported that the Trust had received a pre-inspection request from the CQC which had to be returned by the 4 August. There was a significant amount of information requested including documents and supporting evidence. TMG were fully engaged in the preparations.</p> <p>KW thanked ABP for her help with the patients by experience group. A meeting with this group would take place on 26 July.</p> <p>Discussion took place around the results of the mock inspection which had been shared with NHSI.</p>	

	<b>Action</b>
<p>KW outlined the CQC National Strategy including what had stayed the same and what was different. Changes included a sixth domain which focused on use of resources.</p> <p>Discussion took place around ARP2 within the context of the inspection.</p> <p>DM explained that it had appeared during the West Midlands Ambulance Service inspection that there had not been a full appreciation of the ARP2 pilot. It was agreed that the Trust would need to support the inspection process with a clear explanation of the ARP changes.</p> <p>KW outlined the timetable of the CQC inspection visit.</p> <p>DM confirmed that a lot of work had taken place in the HART team on compliance and he was satisfied there would not be a repeat of the last inspection in this area.</p> <p>SP outlined the key issues.</p> <p>PD stated that the pre-work was very well organised and she thanked KW and SP for the update. She asked that KW ensured that the NEDs would be fully briefed prior to the inspection.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update and gained assurance that regulatory compliance remained a key priority for the Trust and that the delivery of the Compliance Delivery Plan was progressing.</b></p>	
<p><b>6.3 Expert Patient Report</b></p> <p>ABP provided details of the activities she had undertaken with the Trust since the March 2016 and May 2016 Quality Committee meetings as the YAS Expert Patient. She assumed the report as read by meeting attendees but specifically highlighted the following:</p> <p>She advised that she had had an introductory meeting with Chris Dexter, Managing Director, PTS to discuss joint working and to progress patient/service user involvement in the service reviews and developments. The actions referred to at paragraph 3.4 of the report required progressing and were still subject to a business case for involvement being agreed.</p> <p>ABP reported that she had provided a presentation to the Moving and Handling Review Group meeting entitled 'Support to Move and Mobilise from YAS Expert Patient Perspective', she added that she would welcome more of these opportunities to engage with different groups within YAS.</p>	



	<b>Action</b>
<p>She stated that she would like to see patient/service user engagement in the Bariatric and Complex Needs Patients review being progressed without further delay as part of the still outstanding business case.</p> <p>Discussion took place on patient/service user, carer and public engagement and it was confirmed that the Trust was looking at how it could provide a more joined up approach in this regard, now that the Interim Associate Director of Communications and Engagement and the new Director of Business Development were in post.</p> <p>ABP advised that the actions detailed at paragraph 3.10 of the report concerning the Patient Experience Work Plan 2016/17 would be progressed over the coming months.</p> <p>PD asked for an update at the September Quality Committee.</p> <p><b>Action:</b>  <b>An update on the actions of the Patient Experience Work Plan 2016/17 to be presented at the September Quality Committee.</b></p> <p>ABP advised that work with the Diversity and Inclusion Team was still pending subject to a business case being required to progress the discussions that had taken place in February 2016. ABP advised that she would provide support and help as required.</p> <p>ABP advised that she had requested and offered to provide the 'patient voice' perspective in the forthcoming YAS Safety Roadshow for staff to the Head of Safety which had been forwarded to the Sign Up for Safety Lead Officer. She had also suggested involving the pilot group of YAS' Experts by Experience' 'mock' inspectors and she was awaiting a response although she had received assurance that 'patient stories' would be included.</p> <p>ABP outlined a proposal for a meeting between The Patient Experience Team, YAS Expert Patient and the YAS Forum Lead Member (Public) to progress ideas around engagement and understanding patient experience matters more fully. Anne Allen, YAS' Trust Secretary had requested that ABP should contact Ali Richardson, Membership Manager in the first instance so that she could be involved with discussions and she could liaise with the YAS Forum Lead Member (Public) concerning the proposed specific meeting.</p> <p>MW referred to the work with Procurement and she felt that it would be beneficial to target involvement appropriately. She proposed to follow up with the Associate Director of Procurement, Mike Fairbotham to progress this.</p> <p>ABP highlighted from her Expert Patient report that the proposal for a consumer panel pilot might work especially well.</p>	<p><b>KW/ABP</b></p>

	Action
<p>ABP referred to section 4.10 and 4.12 of her report (around the emerging issues of PTS Renal Patients complaints and concerns and a FOI request around reconfiguration/closure of A&amp;E/ED and possible implications for survival rates of severely disabled people). She hoped that the matters would be addressed by YAS and Commissioners in the best interests of patients and she awaited further feedback.</p> <p>PD thanked ABP for her excellent update.</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 introduced the report which updated the Committee on significant events highlighted through the Trust reporting system and by external regulatory bodies and provided assurance on actions taken to effectively learn from adverse events.</p> <p>SP advised that the Trust had 57 open SIs of which 18 were under investigation. There were four SIs in the last month that had a delayed response, there was no indication this was a trend but it would be closely monitored going forward.</p> <p>He reported that there was an ongoing SI investigation which had highlighted the need for strengthening of liaison and on-scene management with the Fire and Rescue Service (FRS) to fully establish roles and responsibilities.</p> <p>SP reported that he had sent a letter to relevant hospitals where there was a delayed handover of over two hours asking them for feedback. As yet no responses had been received so he would request formal feedback on the issues via Directors of Nursing.</p> <p>He advised that a flowchart was currently in development to highlight to staff what happened when staff reported an incident, where the information was sent and how it was used. It was anticipated that this would help staff to understand how incident reports were used and acted upon and to demonstrate how the information was currently used to influence change.</p> <p>SP reported that there had been a significant reduction in the overall number of employer liability claims. This reflected positive action on known risks relating to clinical bags and other equipment. He added that there had however been an increase in the number of ambulance related vehicle claims, particularly in relation to tail lifts.</p> <p>DM added that there had been a significant amount of time and engagement with staff on the design of the new vehicles.</p>	

	<b>Action</b>
<p>EM asked if it was a challenge for the Legal Services Team to gather the necessary evidence to defend claims.</p> <p>SP responded that the team worked exceptionally hard to manage claims. He advised that there was an item on the Joint Quality and Finance and Investment Committee later that day which detailed the number of claims successfully defended and the process underpinning this.</p> <p>PD asked that the relevant risk be detailed at 16.1 of the report for future reporting.</p> <p>PD thanked SP for the 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 A&amp;E Plan update</b></p> <p>DM outlined the details of the report which provided an update on A&amp;E Operations.</p> <p>DM reported that there had some challenges with performance in the last few weeks as there had been a significant increase in demand during May, June and July.</p> <p>DM outlined the decisions which had been taken regarding budgets:</p> <ul style="list-style-type: none"> <li>• Stop overtime plus payments for overtime;</li> <li>• Reduce the number of private providers from June onwards;</li> <li>• Cease to use agency staff on the frontline.</li> </ul> <p>He explained that each of these decisions would have consequences but the team were working to mitigate these.</p> <p>He reported that abstraction remained higher than planned due to the A&amp;E Transformation training programme.</p> <p>He explained that during May and June there had been a decline in the uptake of overtime by frontline crews especially at weekends.</p> <p>DM advised there had been an extra 10,383 responses during April, May and June, the bulk of which had been in May and June and it looked likely that this was set to continue into July. There would be no additional income for this increase as the Trust was on a block contract. Demand was currently approximately 6-7% above plan. The A&amp;E teams were working hard to mitigate the performance issues however the predominant factor was capacity.</p> <p>PD asked whether NHS Improvement (NHSI) had any plans in regard to demand as she understood this had been a national issue.</p>	

DM responded that discussions were taking place with NHSI. He added that there were challenges within the health and social care system that placed pressure on the Acute system.

DM referred to the ARP2 pilot and an incident that had been raised which had been independently reviewed by the South West Ambulance Service and NHS England who had concluded that this had not been a result of the ARP.

DM informed the Committee that he and Ian Walton, Deputy Director of Operations would formally take over the A&E Transformation programme from the Programme Director as she was returning to her substantive role.

DM advised that two Consultant Paramedics were now in post and he would invite them to a Quality Committee meeting at an appropriate time in the future.

He informed the Committee that weekly workforce tracking reports were being produced. This enabled the management team to determine the number of Paramedics by location on any given day and he confirmed that the service was currently operating with a safe staffing level

He referred to PDR compliance rates and advised that the presentation of data for PDRs for smaller teams was being addressed.

DM referred to sickness levels within A&E Operations which stood at 4% but increased to 8% on a weekend. He added that activity levels on a weekend were really high and staff were absent from work for genuine reasons. He added that the service was working with HR to reduce sickness levels.

MW asked if the Trust was deploying its resources in the most effective way.

DM responded that at present there was 60% DCAs and 40% RRVs, the Trust would ideally have a 70/30% split and the service was working towards this. He added that new rotas had been implemented and operational effectiveness had increased from 1.4 to 1.3 people per job with the ideal being a ratio of 1.2 people per job.

PD thanked DM for the report and requested that a paragraph be included on sickness absence in future reports.

**Approval:**

**The Quality Committee noted the update report and taking assurance on the performance across the service line and noting service developments.**

	Action
<p><b>6.6 Clinical Supervision</b> MM provided a presentation to the Quality Committee on Clinical Supervision.</p> <p>MM outlined the areas of Clinical Supervision:</p> <ul style="list-style-type: none"> <li>• Clinical management;</li> <li>• Educational;</li> <li>• Supportive.</li> </ul> <p>He advised that he had spent time with Clinical Supervisors and some good areas of practice had been identified, he added that he could see how Clinical Supervisors could be drawn into the operational work. He commented on the significant amount of work that was undertaken each day by Clinical Supervisors.</p> <p>He outlined the Clinical Leadership Framework and structure and advised there were now two Consultant Paramedics there to support Clinical Supervisors and to support the wider team.</p> <p>He advised that work was taking place with the HR function to further strengthen education and practice for front line staff.</p> <p>He explained how the current system operated and advised that the new framework should create a more effective solution for Clinical Supervisors to carry out the tasks for which they were employed.</p> <p>Discussion took place around Paramedic practice and how practitioners identified learning needs.</p> <p>DM advised that Paramedic practice was constantly evolving and the Trust should support this with time and resource. He emphasised that the 124 Clinical Supervisors should be supernumerary to the rotas. A small number of pilots of new approaches were due in September and were designed to demonstrate that this could be achieved.</p> <p>PD thanked MM for the update and stated her belief that this was an excellent development for the Trust. She asked that an update be brought to each Quality Committee for the foreseeable future.</p> <p><b>Action:</b> <b>An update on Clinical Supervision to be provided at each Quality Committee going forward as part of the wider A&amp;E update.</b></p> <p><b>Approval:</b> <b>The Quality Committee noted the update.</b></p>	<p><b>MM</b></p>

		<b>Action</b>
<b>7.</b>	<b>WORKFORCE</b>	
<b>7.1</b>	<p><b>Workforce Plan Update Report</b></p> <p>RBa introduced the item which provided an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing.</p> <p>RBa referred to the 2015 National Staff Survey which had been sent to a random sample of 1,000 staff across YAS. YAS had received a return rate of 41% which had been the same as the previous year.</p> <p>She advised that recommendations to expand the provision of Leadership and Management development had been prepared as part of the Training and Education Plan for 2016/17.</p> <p>She informed the Committee that progress was being made in Diversity and Inclusion and that plans for improvements were well under way.</p> <p>PD asked about YAS' cultural approaches to care and if the Trust could demonstrate good practice in this regard.</p> <p>EM mentioned the excellent communications regarding Ramadan which been sent to colleagues reminding them of the religious period and providing advice on how to support colleagues and patients who were fasting during this period.</p> <p>Discussion took place around cultural differences across the region and how the Trust approached this issue with the consensus being that the Trust always endeavoured to offer individualised care. There was training and awareness raising in a number of areas to support this.</p> <p>RBa informed the Committee that the Trust had registered with Stonewall.</p> <p>She referred to the Recruitment Tracker system which had been introduced and advised this was proving beneficial in managing recruitment. She advised that there was a review of the functionality of HR systems with a view to streamlining and simplifying processes.</p> <p>RBa reported that there had been a reduction in sickness absence which sat at 5.11% as of May 2016.</p> <p>She advised that there had been a lot of work surrounding employee wellbeing.</p> <p>Discussion took place around the uptake of the flu vaccination and how the Trust should engage with staff in this regard to increase uptake.</p>	

	Action
<p>RBa informed the Committee that members of the senior A&amp;E Operations Team, together with senior HR colleagues were continuing to work in partnership with their local and regional staff side colleagues in relation to the A&amp;E workforce plan.</p> <p>She advised that the national discussions on Paramedic banding were on-going.</p> <p>She informed the Committee that work was taking place within Job Evaluation to upskill people with the necessary skills to undertake this role.</p> <p>TH advised that the Trust was working with trade union colleagues on a professional approach to employment appeals.</p> <p>PD thanked RBa for the update and commented on the significant amount of activity that was taking place.</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>  RBa introduced the item which updated the Committee on the provision of training at the year-end for 2015/16.</p> <p>RBa reported that the 2016/17 training plan was well on track although it was acknowledged that the training planned for 2016/17 was set at a high level to meet workforce planning requirements and was expected to be a challenge.</p> <p>Discussion took place around the change to student loans for university courses and what this might mean for the uptake of Paramedic courses.</p> <p>RBa referred to the Apprenticeship Levy which would present a cost pressure for the Trust and would be built in to next year's budget. There would be a paper presented to the Joint Quality and Finance and Investment Committee later that day.</p> <p>She advised that in terms of Statutory and Mandatory training the compliance was good but it was acknowledged that this could be improved further.</p> <p>Discussion took place concerning the reduction in some external funding provision. The Trust was looking at other options to compensate for this.</p> <p>JM referred to the funding for the training for those members of staff who held an operational bank contract only.</p>	

	Action
<p>He felt that the Trust provided training for some of those contractors that then did very little work for the Trust, he added that if the hours were not provided then those contractors should pay back the cost of their training.</p> <p><b>Action:</b>  <b>To investigate whether the cost of Trust provided CPD training should be paid back by those individuals on bank contracts who did very little work for the Trust.</b></p> <p>PD thanked RBa for the detailed report.</p> <p><b>Approval:</b>  <b>The Committee noted the update and were assured on the progress made.</b></p>	<p>RBa</p>
<p><b>7.3 Staff Communications and Engagement Update</b>  GH guided the Committee through a presentation to update on the communications approach for the remainder of 2016.</p> <p>GH explained the importance of ensuring that corporate communications delivered the same message, with the same approach and the same tone. They should also have a clear line of sight to the Corporate Strategy. The Trust should develop a YAS brand that reflected good corporate behaviours and promoted the working as one team ethos and underpin YAS'` aims.</p> <p>GH emphasised that it was important that staff understood what and why the Trust was doing, she added that its corporate messages should explain and reflect this.</p> <p>She referred to YAS TV which would initially be piloted in six stations as a 'soft test'. Following this it would be rolled out across the region. The content would be directed and approved by TEG and there would be an opportunity for colleagues to also suggest content on a weekly basis.</p> <p>Discussion took place around Teambrief and if the information provided at these briefings was cascaded appropriately.</p> <p>GH responded that this required evaluation. She added that the team was looking at alternative delivery mechanisms for messages across the organisation. She commented that information needed to be relevant and that different communications would be more important to some staff than others, it was imperative that it was communicated in such a way that staff were able to identify what was relevant to them.</p> <p>She advised that the team was considering a social media system that would be for the exclusive use of YAS employees.</p>	



		<b>Action</b>
	<p>She updated the Committee on the preparations for the 10<sup>th</sup> Anniversary celebrations which would tie into the Trust's AGM on the 27 September.</p> <p>PD thanked GH for the update.</p> <p><b>Approval:</b> <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</b> The Committee received the report. PD advised this had been previously discussed by both the NEDs and TEG at various recent meetings and that key issues had been reviewed.</p> <p>The Committee was satisfied that it was a comprehensive report and that the relevant issues had been discussed.</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>9.</b>	<b>RESEARCH GOVERNANCE</b>	
<b>10.</b>	<b>ANY OTHER BUSINESS</b>	
<b>10.1</b>	<p><b>Issues for reporting to the Board and Audit Committee</b> PD noted the following items to be reported to Trust Board and Audit Committee:</p> <ul style="list-style-type: none"> <li>• <b>An invitation to be provided to the CQC inspectorate to the 15 September Quality Committee as their inspection visit coincided with the Quality Committee meeting on this date.</b></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 <b>15 September 2016</b>, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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