



Quality Committee Meeting Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ
Date: Thursday 12 May 2016
Time: 0830 hours
Chairman: Pat Drake

Membership:

Pat Drake	(PD)	Acting Interim Chairman/Deputy Trust Chairman/Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Dr Dave Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Roberta Barker	(RBa)	Interim Director of HR and OD

Apologies:

Dr Dave Macklin	(DM)	Executive Director of Operations
Barrie Senior	(BS)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)
Ben Holdaway	(BH)	Associate Director of Quality and Nursing
Kate Sims	(KS)	Associate Director of HR
Dr Steven Dykes	(SD)	Associate Medical Director
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient

In Attendance:

Mark Millins	(MM)	Associate Director of Paramedic Practice
Karen Warner	(KW)	Associate Director of Quality & Nursing
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
Ronnie Coutts	(RC)	Non-Executive Director (Observer)
Ian Walton	(IW)	Deputy Director of Operations (deputising for Dr Dave Macklin)
Martin Carter	(MC)	Interim Communications Consultant (Item 8.3)
Elaine Gibson	(EG)	Head of Corporate Communications (Item 8.3)
Chris Dexter	(CD)	Managing Director, PTS (Item 6.7)

Minutes produced by:

Joanne Lancaster (JL) Committee Services Manager

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	The meeting commenced at 0900 hours.	
1.	Introduction & Apologies PD welcomed everyone to the meeting. Apologies were noted as	

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	listed above.	
2.	Review Members' Interests Declarations of interest would be noted and considered during the course of the meeting.	
3.	Chairman's Introduction PD thanked Quality Committee members for attending the meeting from 8.30 am to enable them to get through the agenda. The Quality Care Commission mock inspection and the Well Led Review would be covered later in the agenda.	
4.	Minutes of the Meeting held on 3 March 2016 The minutes of the Quality Committee meeting held on 3 March 2016 were approved as a true and accurate record of the meeting subject to the following amendment. Matters Arising: Page8. Paragraph 7, add in 'System Resilience footprint'.	
5.	Action Log The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey. Action 076/2015 – Renewal process for Professional Bodies – KW confirmed that there was a process in place to capture this for both Nurses and Paramedics. PD asked that this be part of the Quality report for future meetings. Action remains open. Action 078/2015 – Race Equality Scheme – SOL advised there was more information on this in the report at 7.2. Action closed. Action 004/2016 – A&E Operations PDR compliance – this was on the agenda at 6.6. Action closed. Action 006/2016 – In-house bank – RBa advised that Stuart McKeown would be looking at the HR function including the resourcing of a proper 'in-house' bank. There would be an update in July.	
6.	QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES	
6.1	Quality Governance and Clinical Quality – Annual Review and Implementation Plan 2016/17 KW introduced the item and outlined the purpose of the report was to provide a year-end summary for quality governance and delivery of the Clinical Quality Strategy. KW referred to the EOC Human Factors work which had been a significant process and which was beginning to see results. She explained that the emphasis of this work-stream was to learn from	

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<p>incidents and promote a safety culture where staff were able to acknowledge mistakes, learn from them and be empowered to take local action to minimise the risk of recurrence.</p> <p>KW provided details of 'Safety Huddles' one of the Human Factors Pilots within Team 2 which was a series of proactive and reactive huddles. She advised that after some initial resistance, the pilot had gained the buy-in from staff who had provided positive feedback in this regard.</p> <p>She advised that there had been a Teamwork and Safety Climate Survey completed in March 2016 by 30/40 EOC team members. Results were being analysed by the Yorkshire and Humber Improvement Academy.</p> <p>KW referred to the Favourable Event Reporting which actively encouraged learning from positive practice.</p> <p>She reported that the Sign up to Safety programme lead was working closely with the Clinical Directorate to improve the identification and care of the deteriorating adult and child. She informed the Committee of the improvement plan objectives that related to adults and advised that a recent pilot audit undertaken in York ED had shown that usage of the SBAR tool was variable and improved usage of the tool would be beneficial.</p> <p>KW advised the Committee that the work-stream also included the Sepsis CQUIN and outlined the safety improvement plan objectives and actions.</p> <p>She reported on the 'moving patients safely' work-stream which continued apace and included work from existing initiatives. She advised that capital funding had been secured to increase the capacity for bariatric equipment across A&E services which was a positive result.</p> <p>JM reported that that the clinical audit plan objectives for 2015/16 had been achieved and all audits reported to plan with the exception of a final report from the Royal College of Physicians National MINAP report which had not been published adding that the Trust therefore was considering how it could undertake an end to end review.</p> <p>JM advised that Trust resuscitation strategy concentrated on improving survival to discharge from out of hospital cardiac arrest which was of more significance to the patient than the measure of return to spontaneous circulation at arrival to hospital.</p> <p>He reported that in terms of the ACQIs YAS had improved and was now in the top third in 13 out of the 24 measures. He referred to Stroke 60 and advised that it continued to be a challenge for the Trust to reach the target particularly with the rationalisation of these services</p>	

at Acute Trusts. He advised that ACQIs would be reviewed and an appropriate set suggested.

JM informed that the Cardiac Arrest Annual Report 2015 had been published and he outlined the key findings. He advised that the Trust should be proud of its work in the area of Cardiac Arrest Output and remarked on the positive results to be gained when people had the right training, tools and feedback. He referred to the percentage (49.6%) of bystanders who had performed CPR and advised that this was exceptionally high in the UK and that getting this higher would be a challenge.

JM advised that in relation to the Clinical Performance Indicators the Trust needed to improve in its recording of Pain Scores adding that the Trust was actively reinforcing this to staff. He stated his belief that the only way to get this consistent was by the introduction of an electronic patient record which would prompt the staff member to complete.

PD asked about the Health Record Audit and how this was followed up.

JM responded that it was broken down by CBU. IW added that individuals did receive feedback against various targets.

Discussion took place around the administering of pain relief and follow up with the patient to see if it had made a difference.

KW reported that complaint response timescales had been refreshed with the agreement and negotiation of timescales with individual complainants which was proportionate to the complaint and the level of investigation required. The target by the end of the financial year was 80% the current response performance for complaints at the year-end was 86%.

She advised that staff attitude and behaviour continued to be a high category of incident complaints and this was being addressed by:

- Training – feeding complaints and learning into training and providing case studies;
- Feedback by Locality Managers.

KW remarked there was a link with the Cultural work that had been undertaken by Zeal for the Trust and the staff survey results. Work would continue to reinforce to staff the difference that staff attitude and behaviour had on the patient experience.

PD questioned if peer pressure might have a positive impact in this regard, adding that any opportunity available to reinforce the message should be used, for example, training and staff feedback.

SP responded that this should be included in relevant training with an emphasis placed on addressing any inappropriate behaviour or

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<p>attitude by colleagues.</p> <p>SOL confirmed this would be covered in the Clinical Refresher training.</p> <p>PD commented that it linked in with the Freedom to Speak Up initiative and staff should be reminded that they had a safe place to speak up and raise concerns.</p> <p>SP advised that Freedom to Speak Up drop-in sessions were taking place that week and that the network of guardians had been identified.</p> <p>SP reported that response times to complaints had improved although there were still some issues around the consistency of the quality of response and work was on-going to rectify this with both the core complaints team and those members of staff drafting responses.</p> <p>KW referred to the Patient Surveys which had been undertaken and explained that there was learning to be taken from the results. A key theme had been communications with PTS with regard to delay in being picked up from an appointment adding that a smartphone app had been suggested via the survey as a way in which patients could track their own transport.</p> <p>Discussion took place around the delay in patient transport on return journeys and how the Trust should focus on reducing waiting times for transport. SP would speak with Chris Dexter, Managing Director of PTS in this regard.</p> <p>Discussion took place around the survey questions and the information underlying these. The next stage would be a more qualitative approach with the potential to use a patient forum and/or a focus group.</p>	
<p>Action: To provide the Quality Committee with a copy of the Patient Survey report.</p>	<p>KW 007/2016</p>
<p>KW advised that the Adult Intercollegiate Document was published in February 2016, and required that all relevant staff received Safeguarding Adults Level 2 training. Training packages were being reviewed and this would include a single level 2 training package for children and adults.</p> <p>PD asked that the next report include incidents of domestic violence.</p>	
<p>Action: To include a paragraph on incidents involving domestic violence.</p>	<p>KW 008/2016</p>
<p>JM advised that new legislation around the wholesale dealers licence and change to the controlled drug licence had meant that the Trust</p>	

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<p>had altered the way it procured non-controlled and controlled medications.</p> <p>JM reported that there had been a reduction in medicines errors by 50% during 2015/16.</p> <p>PD asked that her appreciation on the hard work of staff in this regard be passed on.</p> <p>JM reported that drug errors were relatively small and each case was investigated and this had shown that there had been no harm caused due to the errors.</p> <p>JM referred to the appendix 'Controlled Drug Annual Report' and advised that controlled drug incidents were reviewed every month at the medicines management group. He reported that trends and serious incidents were also discussed at the Controlled Drug Intelligence Network (CDLINS) across the Yorkshire region and quarterly occurrence reports were submitted to NHS England.</p> <p>JM advised that there had been 6 losses of drugs over the period and each case had been individually investigated and had proved to be a genuine loss. A deep dive of the information surrounding breakages was detailed in the report and had been presented by station, by incident and by location where the incident had occurred. JM stated that the Make Ready Pilot and Vehicle Preparation Pilot should help to reduce breakages.</p> <p>JM acknowledged that the loss of keys was frustrating but on-going work was taking place to rectify this.</p> <p>Discussion took place around this and PD asked that staff be made aware that the issue was reported at a senior level.</p> <p>The reporting of incidents on Datix was discussed and SP was confident that staff were reporting issues appropriately in this regard.</p> <p>KW reported that a number of other Trust's had been served a contravention notice with regard to its safer sharps provision for hypodermic needles. She explained that YAS did not currently provide a hypodermic needle that was safer sharp enabled, adding that now a suitable hypodermic safer sharp needle was available the Trust was seeking to adopt this without delay. The implementation of the new product had been agreed at CGG and at the Trust Procurement Group and the procurement of a suitable product was underway.</p> <p>KW advised that the Paramedic Pathfinder CQUIN had not been met although there continued to be an increased uptake across the region. KW referred to the National CQUIN templates of relevance to the ambulance sector which NHS England had published in March 2016;</p>	

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<p>these related to staff wellbeing:</p> <ul style="list-style-type: none"> • Introduction of health and wellbeing initiatives; • Healthy food for NHS staff, visitors and patients; • Improving the uptake of flu vaccinations for front line staff to 75% by 31 December 2016. <p>She explained that Rob Dimsdale, Employee Welfare Advisor, had plans in place to improve the flu vaccination uptake.</p> <p>SP referred to the additional work Rob and the team had undertaken at the end of last year to increase flu vaccination uptake.</p> <p>PD informed the Committee that at the TDA Board to Board this had been a significant issue and she asked that this be well sighted at each Quality Committee going forward. She asked that a report be brought back to Quality Committee in July for consideration.</p> <p>Action: A report to be brought to July Quality Committee on the flu vaccination and plans in place to increase the uptake of this.</p> <p>JM remarked that the trade unions needed to get on board with the uptake of flu vaccinations and encourage their members to get the vaccine.</p> <p>PD agreed and asked that RBa raise this through the regional trade union group.</p> <p>Action: To raise the issue of flu vaccination uptake with the regional trade union group.</p> <p>KW advised that there would be a CQC mock inspection on the 16 and 17 May and this would involve a team of YAS staff and external partners. She explained that the mock inspection would mirror the actual CQC process with teams of inspectors assessing selected ambulance stations, Emergency Operations Centre, HART, resilience, NHS 111 and PTS services across the region.</p> <p>PD explained that the decision had been taken to not involve the NEDs in the mock inspection process because of workload, however they would be engaged in reflecting on the outcome and findings. PD asked for a report to be taken to the July Trust Board in Private.</p> <p>Action: For a report on the outcome and findings of the mock CQC inspection to be taken to the July Trust Board in Private.</p> <p>PD asked about the progress of fob watches for staff. KW confirmed this had now been completed.</p>	<p>KW 009/2016</p> <p>RBa 010/2016</p> <p>KW 011/2016</p>

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<p>PD referred to the focus groups referenced at 4.3.2 of the report and reminded colleagues to use the YAS Forum.</p> <p>SP advised that in terms of Patient Experience it was anticipated there would be a Critical Friends Group. It was envisaged that patients who had used YAS' services would be invited to participate in the group. He reported that Andrea Broadway-Parkinson had also enlisted 7 – 8 patients by experience as part of the CQC mock inspection, who could also become 'critical friends'.</p> <p>PD encouraged the use of the YAS Forum as another means of engaging the public.</p> <p>PD thanked the team for the 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 workstreams were progressing to plan.</p>	
<p>6.2 Draft Quality Account 2015/16</p> <p>KW introduced the item and advised that the paper presented the final draft of the YAS 2015/16 Quality Account. The draft included feedback from the consultation period and the Health and Wellbeing Scrutiny Boards.</p> <p>KW reported that the Trust's external auditors had undertaken a 'limited scope' audit of the Quality Account ahead of publication but YAS had not yet received the full report for this work.</p> <p>KW asked for any final comments to be received by 18 May.</p> <p>PD remarked that the report was comprehensive.</p> <p>KW responded that there would be a summary version which would be published alongside of this.</p> <p>PD commented that there had been some positive statements from stakeholders although some of these were not necessarily to do with the Quality Account.</p> <p>KW advised that the comments received that contained issues had been followed up with a telephone call to discuss further.</p> <p>KW informed the Board that the document would go through the Communications team for proof reading and typing and grammatical errors would be picked up and rectified.</p> <p>MW remarked that it appeared some of the wording was inconsistent and framed differently around CQUINs, A&E and PTS and suggested that more signposting might be required for clarification.</p>	

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<p>KW responded that the format was mandated.</p> <p>Discussion took place around some formatting issues in terms of photos used, quotes from staff and ensuring those staff referenced were still employed by the Trust.</p> <p>PD thanked KW for the update and asked Committee members to ensure KW received comments before the 18 May.</p> <p>Approval: The Quality Committee received and commented on the Final draft of the Quality Account.</p> <p>RC arrived at 0930 hours.</p>	
<p>6.3 CiP Quality Impact Assessments</p> <p>KW outlined the details of the report which was to provide details of the Quality Committee of the progress which had been made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs) for 2016/17 and to report on the monitoring of indicators relating to the safety and quality of services.</p> <p>KW advised that the same process had been used as previously and that a list of all the CIP schemes was attached at Appendix 1.</p> <p>KW referred to the major schemes:</p> <ul style="list-style-type: none"> • A&E Efficiencies and Field Operations Re-organisation; • PTS Transformational work. <p>She informed the Committee that the CIP QIAs would continue to be brought to Quality Committee and the Joint Quality Committee and Finance and Investment Committee for review.</p> <p>SP advised that all the schemes had been assessed with JM and no quality issues had been raised. He added there were still some unidentified CIPs that would need to be assessed.</p> <p>He explained that the profile for 2016/17 included a number of ‘amber’ schemes, adding that these were safe to progress but would require monitoring to ensure there were no issues.</p> <p>SP specifically referenced the following schemes:</p> <ul style="list-style-type: none"> • A&E meal breaks and end of shift; • PTS – balance between YAS, sub-contractors and volunteers; • Fleet income generation – in abeyance due to resource availability within Fleet services. <p>MW remarked there was a good coverage and understanding around the issues that may impact on quality. She asked about Red 1 and Red 2 performance in the context of the meal break indicator. It was confirmed that these indicators would be tracked as part of the</p>	

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<p>implementation and reported as part of the overall CIP/QIP report.</p> <p>PD thanked KW and SP for the update.</p> <p>Approval: The Quality Committee:</p> <ul style="list-style-type: none"> • Reviewed the risks and mitigations identified through the Quality Impact Assessment process and quality and safety indicators; • Was assured with regard to the current position of the QIA monitoring and actions to mitigate key and emerging risks. 	
<p>6.4 Expert Patient Report SP advised that ABP had sent her apologies and he would give a verbal update on her behalf.</p> <p>SP reported that ABP had input into the CQC inspection work as an expert by experience. She had also had discussions with Chris Dexter, PTS regarding the service. She had also been working with the Research and Development Team where she had been working as a patient research ambassador.</p> <p>SP advised that ABP had been involved with the Trust's work on moving and handling, especially in the area of patients with complex needs.</p> <p>SP referred to the 8 people that ABP had recruited to be expert patients as part of the CQC mock inspection and formally thanked her in this regard.</p> <p>PD asked SP to pass on the Committee's regards.</p> <p>Approval: The Quality Committee received the YAS Expert Patient verbal update on actions since the last meeting for information.</p>	
<p>6.5 Programme Management Update</p> <ul style="list-style-type: none"> • Programme priorities 2016/17 • Vanguard update <p>Programme priorities 2016/17 SP introduced the item which provided an update on the YAS Programme Management Office (PMO) on the newly announced structural changes to programme management within the Trust, the progress and focus in the coming year for the four Transformation Programmes.</p> <p>He referred to the charts detailed at 2.1 of the report which showed the migration of the current pieces of work into the new programmes. He explained there would be four key programmes:</p> <ul style="list-style-type: none"> • A&E Transformation; 	

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<ul style="list-style-type: none"> • Urgent Care Programme; • PTS Programme; • Hub and Spoke/Make Ready Programme. <p>SP advised that the table at 3.1 showed the current transformation programme focus for 2016/17 and would be delivered via the revised project scopes.</p> <p>He explained that the dashboard which would include milestones and benefits had not been attached to the paper but this should be available for the next Trust Board meeting. Each Programme Lead would produce a highlight report which would be reviewed by the new TMG framework.</p> <p>SP informed the Committee that the revised project governance process would also include a four stage Gate Review Process which would be led by Business Development and administered by the PMO with tailored governance requirements. There was also a revised sign off process and this was detailed at 4.2 of the report. There was still some work to do on strengthening the qualification process.</p> <p>Discussion took place around the management of CIPs and CQUINs and the role of PMO, Business Development and Finance in this regard. There would be clear responsibility built into the process.</p> <p>SP advised that Paul Klein would be leaving the organisation that week but the new Associate Director of Business Development was due to start on 23 June.</p> <p>Discussion took place around the ePRF and it was noted there was a paper due to be received at the Finance and Investment Committee later that day.</p> <p>MW asked for clarification around the changes in the Gate Review process.</p> <p>SP advised that it was a clearer and simplified process with more clarity around the criteria of what should and should not proceed. The final process would be agreed by Trust Board.</p> <p>PD thanked SP for the update.</p> <p>Approval: The Quality Committee noted the programme changes implemented for 2016/17 and the next steps in programme delivery.</p> <p>Vanguard update JM provided a verbal update on Vanguard to the Committee. He explained that the anticipated funding had not materialised and that the revised funding for 2016/17 for West Yorkshire was £2.2m.</p>	

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<p>YAS expected to accelerate the Hear See Treat initiative through this funding. There would be two aspects to this:</p> <ul style="list-style-type: none"> • Clinical Advisory Service across the whole of Yorkshire; • Integrated Care Record. <p>It was anticipated that the two initiatives in parallel would see a shift in the delivery of patient care.</p> <p>JM stated his belief that YAS was central to emergency and unplanned care.</p> <p>SP asked whether the funding for the Clinical Advisory Service was guaranteed.</p> <p>JM responded that it was not guaranteed at this stage but it was in everyone's gift to take this forward, adding that it was a case of getting everyone to work together to make it happen.</p> <p>MW asked that a report be presented at the Finance and Investment Committee in July on Vanguard.</p> <p>Action: For a report be presented at the Finance and Investment Committee in July on Vanguard.</p> <p>PD thanked JM for a useful update.</p> <p>Approval: The Quality Committee noted the updated position.</p>	<p>JM 012/2016</p>
<p>6.6 A&E Plan Update</p> <p>IW outlined the details of the report which was to update the Quality Committee on various aspects of the A&E Transformation programme.</p> <p>IW reflected on the movement of the service in the last 12 months, specifically the last six months when many of the initiatives had started to take effect and improve performance. He acknowledged that the Trust was still not meeting the national target but it was performing well when compared to other ambulance services and more importantly YAS was operating a quality and safe service.</p> <p>He advised that although there had been increased Red activity during March 2016 which had been the highest since 2011 combined with pressures at some of the Acute Trusts which had impacted on YAS' turnaround times, the service had felt safe and had been able to sustain resource.</p> <p>IW informed the Committee that 21 April 2016 had seen the introduction of the pilot ARP2 scheme and this had changed the way</p>	

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<p>the service operated. There was no historical information to compare the Trust against. He advised that there had been a two week period of high activity in April.</p> <p>IW added that the ARP2 pilot had seen staff from across the organisation come together in a positive way. Although there wasn't any data to compare against under the new pilot the following stats 'felt' appropriate:</p> <ul style="list-style-type: none"> • For the week 21 April – 30 April: <ul style="list-style-type: none"> ○ Red - 73.1% (average) ○ Amber – 83.1% ○ Amber transport – 77% ○ Amber face to face 86.8% <p>SP remarked that DM had commented that feedback from staff had been positive.</p> <p>Discussion took place around how the Trust could demonstrate it was meeting quality and safety standards under the new measures and it was agreed that this be incorporated in to the Chief Executive's report for the May Trust Board.</p> <p>Action: Information around the quality and safety performance under the ARP2 pilot to be incorporated into the Chief Executive's report for the May Trust Board.</p> <p>JM explained that where the data showed there had been a spike, for example, inter facility transfer, then there would be a deep dive into this to ensure there were no issues the Trust should be aware of.</p> <p>IW reported that the inability of A&E operations to ensure crews got their meal breaks within the allocated window had long been a frustration for staff and managers. He advised that the service had made this a priority to address this issue. Ensuring staff got the appropriate break would help with staff wellbeing in addition to a cost saving for the service by not having to pay for a missed meal break.</p> <p>IW informed the Committee that the ARP2 pilot had helped dispatchers schedule in meal breaks for crews, adding that managers were having discussions with staff in this regard.</p> <p>He advised that concerns had been raised about YAS being 8th on the national leader board for 99th percentile for calls answered on time. The EOC had been exploring the reasons for this given that other areas of call handling performance appeared to be within performance parameters. He informed the Committee that a number of key issues had been uncovered with routing of lines, allocation of skillsets and the data used within reports, adding that they would check with peers in the North East and North West that YAS was using the same parameters.</p>	<p>DM 013/2016</p>

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<p>IW updated the Committee on the transformation programme adding that the management team were working on workforce issues and contract negotiations.</p> <p>He explained that new rotas and draft policies were being discussed with the staff-side through the operational JSG and this would inform the blueprint for the changes that would need to be introduced during the Autumn. He added that Locality Managers would be talking to staff about the changes over the coming weeks.</p> <p>MM referred to the Clinical Leadership Framework and he advised that it was proposed that a number of pilots would be undertaken to test the models prior to final implementation.</p> <p>IW reported that in terms of workforce numbers the service had a 60/40 split between clinical and non-clinical staff. He added that attrition had slowed down which was a positive move and reflected what YAS had to offer staff compared to elsewhere. Discussions were taking place with universities about progression of Paramedic students.</p> <p>IW informed the Committee that A&E compliance with PDRs stood at 78.01% as of 17 April, it was anticipated the service would reach 90% compliance.</p> <p>PD asked if the way the data was presented skewed the figures.</p> <p>SP agreed and he would ask the Workforce Information Team to consider this.</p> <p>Action: To consider how PDR information was presented, particularly in relation to locations with small teams.</p> <p>RC asked about the number of Urgent Care Practitioners (UCP) recruited and what the benefit to the system was and whether these posts reduced demand elsewhere in the system.</p> <p>JM responded that he would provide RC with an UCP report what would answer his query.</p> <p>Action: To send the UCP report to RC.</p> <p>Discussion took place around the pressures and challenges in the wider healthcare system.</p> <p>PD thanked IW for the update.</p> <p>Approval: The Quality Committee noted the update report and taking</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>SP 014/2016</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>JM 015/2016</p>

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	<p>assurance on the performance across the service line and noting service developments.</p>	
<p>6.7</p>	<p>PTS Service Line Assurance Update PD welcomed CD to the meeting.</p> <p>CD explained that the report did not contain information on out of hours transport and this would be detailed in a separate, later, report.</p> <p>PD informed CD that she had noticed at a recent visit to one of the hospital PTS sites that it had not been decorated for a number of years and it looked tired and worn. She felt this did not create the right environment for YAS' patients and also it did not portray the right image for the Trust.</p> <p>She asked that CD provide a report on PTS waiting areas and how both staff and patients could influence the design of these.</p> <p>Action: For a report on PTS waiting areas and how both staff and patients could influence the design of these.</p> <p>CD reported that PTS carried out 900,000 journeys per annum.</p> <p>He explained that inward appointments had achieved a KPI of 84.4% YTD against a target of 82.9%, in terms of KPI 3 collected after appointment the Trust had achieved 90.8% YTD against a target of 91.7%.</p> <p>CD advised there had been an improvement in the service and this had been recognised by commissioners, adding that the Notice in the South of the region had now been lifted.</p> <p>He informed the Committee of the demand level for the service which had fallen and was trended at minus 7.1% for contract year end under contract baseline plan. He explained this was a nationwide trend but it was a contradiction to the ageing population and the reported higher activity in hospitals. Work was on-going to determine and understand the reduction in demand for PTS.</p> <p>Discussion took place around this and the possibility that patients might be choosing to use their own transport etc. The reasons needed to be explored and understood.</p> <p>CD advised that YAS had seen an increase in the more complex patients including wheelchair users, bariatric and patients with complex needs.</p> <p>CD reported that Commissioners were standardising eligibility. He informed the Committee that in terms of workforce that it was expected to alter the make-up of the staffing group.</p>	<p>CD 016/2016</p>

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<p>PD noted the positive work on reducing sickness absence within PTS.</p> <p>CD advised that PTS was performing well in training compliance. It was noted that there was a typing error on the report at 4.5 which should refer to PDRs and not Statutory and not the Mandatory training workbook.</p> <p>CD referred to paragraph 5.1 of the report which provided an overview of the PTS complaints, concerns, comments and Service to Service issues raised as a t 31 March 2016, adding that this was a tiny percentage of the overall number of journeys that the service operated.</p> <p>RC asked whether the complaints had been resolved satisfactorily.</p> <p>CD responded that he reviewed and signed off all complaints. Some did require follow up action and were investigated. He added that following the response to the patient the complaint was reviewed to ensure the service had done what they said they would do in the response.</p> <p>KW referred to a message received for PTS from colleagues in the A&E Operations service thanking them for a job well done.</p> <p>CD advised that a letter would be sent to all PTS staff on the transformation programme and this would include some of the positive feedback received into the service.</p> <p>CD reported that PTS had registered one serious incident which occurred in January 2016. This related to a patient who should have been accompanied by an escort but the escort had failed to travel. The patient fell out of the wheelchair whilst in the vehicle and was taken to A&E.</p> <p>CD advised that it had become apparent during this incident that police should be notified of this type of incident even if no other vehicle was involved as it was still classed as a Road Traffic Accident.</p> <p>MW asked who bore the responsibility during a serious incident in terms of an escort being present.</p> <p>CD responded that the Trust was working with Commissioners to clarify this grey area.</p> <p>JM advised that all incidents were presented to IRG and reviewed.</p> <p>CD referred to 7.1 of the report which detailed Quality, Safety and Patient Experience. He expressed concerns about the call answering rate and advised that work was on-going to resolve this including a drive for hospitals to book on-line rather than by telephone.</p>	

	Action
<p>CD advised that the 2015/16 CQUINs were pending final Q4 sign-off and were on track to be achieved. There had been two specific and two national CQUINs.</p> <p>He explained that PTS had revised the procurement tender exercise and this had gone back out for bids to private hire companies. This had increased the number of providers from 30 to 60.</p> <p>He informed the Committee that a Quality Impact Assessment had been undertaken when 33 cars had been taken out of the fleet. This had not impacted on available resource.</p> <p>PD referred to the letters which were sent out by PTS advising patients to be ready 2 hours in advance of the allocated pick-up time. She questioned whether this was necessary for an 8.30 am pick-up time.</p> <p>CD advised that the letters were standardised but he would consider how this might be better worded.</p> <p>Discussion took place around bids for PTS services and the resource available within YAS to undertake these. This should be something that TEG considered.</p> <p>PD thanked CD for the report.</p> <p>Approval: PD recommended the report on behalf of the Committee. The Committee noted the service structure, interventions and actions outlined in the paper and were assured that the delivery of PTS was in line with good corporate practice and that all changes covered within the Transformation plan were subject to QIA and were focussed on enhancing the quality standards.</p>	
<p>7.1 Workforce Plan Update Report This item was taken out of order of the agenda.</p> <p>RBA introduced the paper which was to provide the Quality Committee with an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing.</p> <p>RBA informed the Committee that sickness absence had seen a reduction and HR Business Partners were working with Service Lines to ensure it continued to reduce.</p> <p>She explained that in terms of Employee Wellbeing and Equality and Diversity the two Heads of Services were doing an excellent work in these areas. RBA advised that the next stage would be to concentrate on these areas at a strategic level.</p>	

	Action
<p>RBa updated the Committee on industrial relation issues.</p> <p>She informed the Committee that the recruitment tracker system was in place and the substantive recruitment team was now in place. This was still in its infancy so there were a few systems errors but these were being resolved. A&E recruitment would continue to be a focus for the team and there was a diary of events taking place across the region to encourage recruitment to the Trust.</p> <p>RBa advised that she now had a member of staff overseeing a review of all HR processes and a report would be brought back on the progress of this review.</p> <p>RBa informed the Committee that following a number of senior HR staff leaving YAS she had taken the opportunity to review the HR structure and she had amended this to a more effective structure for the future.</p> <p>PD acknowledged the immediate challenge with the loss of some of the senior HR team but was encouraged that RBa had plans in place for the future of the service. She referred to the improvement in the Staff 'Friends and Family' test.</p> <p>RBa referred to the last two Staff Surveys and the Cultural Survey and the issues these had raised. She stated her belief that the YAS Values and Vision required a refresh and this had commenced at the Leadership Conference where managers had been invited to put forward their suggestions. The next stage would be to look at behaviours and review the PDR process.</p> <p>RBa advised that she had been involved in the Communications and Engagement structure and this would be more conducive to staff engagement.</p> <p>JM stated that he welcomed the report from training and referred in particular to clinical training. It was agreed that RBa and JM would discuss this issue outside of the meeting.</p> <p>PD thanked RBa for the report.</p> <p>Approval: The Committee noted the update and were assured by the progress made noting the risks highlighted at section 2.48 of the report.</p> <p>RBa left the meeting at 1100 hours.</p>	
<p>6.8 Significant Events/Lessons Learned SP outlined the details of the report which provided the Quality Committee with an update on significant events highlighted through the Trust reporting systems and by external regulatory bodies and</p>	

	Action
<p>provided assurance on actions taken to effectively learn from adverse events.</p> <p>SP made reference to the incident that CD had referred to in PTS update whereby a patient had fallen out of their wheelchair whilst being transported, noting that CD had informed the Committee that such incidences should be reported to the police and classed as Road Traffic Accidents. He advised that PTS had recognised the need for a governance forum to support the development of Standard Operating Procedures to monitor themes and trends from incidents and learning and actions as a result of SIs and to identify and mitigate risks. A flow chart and FAQs had been developed to raise awareness of the requirements to report incidents on the road to the police.</p> <p>He referred to 'Stand-Off' incidents and advised that the Safer Responding Procedure had been launched with training in the National Decision model in EOC to support safer responding and stand-off decision making and to improve communication between EOC and the front line. He reported that the procedure was being monitored through incident reporting and that a YAS Safer Responding Group had been convened to support implementation and roll out of the Safer Responding Procedure.</p> <p>PD stated that it was important to take learning from such events.</p> <p>SP referred to two specific incidents which had involved the turnaround times in the East of the county. He advised that the Trust was looking at turnaround times and working with Commissioners and partners on how to overcome this.</p> <p>He explained that an initial review had been undertaken on vehicle accidents and a further review was scheduled to understand the detail behind vehicle related incident investigations.</p> <p>PD asked whether any criminal proceedings had been launched against YAS' drivers following an accident.</p> <p>SP confirmed that there had not been any to date and all accidents were reviewed at the IRG.</p> <p>IW responded that managers also spoke to staff following an accident and any members of staff who had had a number of accidents in the preceding two years would go in to the Performance Management Framework.</p> <p>SP reported that in terms of employer liability claims the biggest issue currently was with vehicle tail-lifts and vehicle doors.</p> <p>PD referred to paragraph 6.9 of the report which detailed patients who had suffered a spinal injury and asked if more incidents were taking place or if this was a historical case.</p>	

	Action
<p>MM responded that since the spinal toolkit had been introduced there had not been any SIs in this regard.</p> <p>SP informed the Committee that in terms of Safeguarding work was on-going in the areas of training as previously mentioned earlier in the meeting. The Trust was also looking at how to make the reporting of safeguarding issues more consistent.</p> <p>SP advised that a list of new SIs had been attached to the report.</p> <p>PD thanked SP for the update and emphasised the importance of learning from SIs and changes and improvement to practice that was appropriate.</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>7. WORKFORCE</p>	
<p>7.2 Education and Training Plan Update Report</p> <p>SOL introduced the report which provided the Quality Committee with an update on the provision of training at the year-end for 2015/16. She advised that within the Operations Directorate the combined team had worked well; Band 1-4 training was on-going and there had been an increase in compliance with the Statutory and Mandatory workbook. YAS had also provided a number of placement provision. She advised that the Bradford University Scheme would be available from next year.</p> <p>EM asked how the leadership and talent programme for middle managers was progressing.</p> <p>SOL advised that there were the mandatory modules that managers had to attend in addition to optional modules which were created to complement these.</p> <p>JM advised that a discussion would take place with RBa and SOL with regard to Clinical training.</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>8. RISK MANAGEMENT</p>	

	Action
<p>8.1 Risk Management Report (including H&S and Security Annual Report and workplans 2016/17)</p> <p>SP introduced the item and explained this would go to the next Trust Board meeting in May. The paper provided the 2016/17 Board Assurance Framework and an update on changes to the Corporate Risk Register. It also provided a highlight report and forward view for Health and Safety and Security.</p> <p>SP advised that the 2016/17 BAF was in draft format and this had included discussions from the BDM in February. SP asked that any further comments on this be provided to him by Monday lunchtime.</p> <p>The Corporate Risk Register (CRR) was attached for consideration by the Committee.</p> <p>SP referred to the Communications and Engagement risk which had been taken off the CRR and advised that he felt this should be given further consideration and maybe reinstated as the Communications and Engagement structure and strategy had not yet been implemented.</p> <p>SP advised that here had been some positive developments within Health and Safety and Security.</p> <p>He referred to the CCTV across the region's sites which had been audited and new elements had been added to improve working arrangements at some sites.</p> <p>He advised that funding had been approved to invest and upgrade vehicle CCTV equipment and to enable footage to be downloaded remotely via Wi-Fi connectivity.</p> <p>SP updated the Committee on the prosecution of offenders who had assaulted YAS staff and advised that work was progressing towards developing a designated Police Point of Contact in this regard.</p> <p>SP provided details about a former member of YAS staff who had been prosecuted for theft of clinical equipment.</p> <p>SP advised that the team would be working with Internal Audit around risk mapping to ensure there were no gaps in the process.</p> <p>He informed the Committee that the paper which would be presented to the Trust Board would include the revised statement around Risk Appetite.</p> <p>MW asked if it had been agreed which parts of the BAF would go to each Committee.</p> <p>SP responded that this would be determined for the final Board version.</p>	

	Action
<p>EM raised the need to maintain a focus on risks in relation to the Hillsborough Inquest and any subsequent proceedings arising from this.</p> <p>PD stated that it was positive that staff were reporting incidents of physical and verbal abuse, she noted that reported incidents of physical abuse had decreased whilst verbal abuse had increased.</p> <p>SP responded that YAS was not an outlier in this regard.</p> <p>PD thanked SP for the update.</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>	
<p>8.2 Information Governance Annual Report and Workplan 2016/17</p> <p>SP outlined the details of the paper which provided an end of year report on the management of information governance and the IG Toolkit (version 13) and to provide assurance that these arrangements were being managed effectively.</p> <p>SP advised that the Trust submitted a baseline assessment in July 2015 and performance update in October 2015. In March 2016 the Trust published the end of year self-assessment score for 2015/16 which again showed an improvement year-on year.</p> <p>SP reported that the Senior Information Risk Owner and Information Asset Owners had completed training specific to their roles. This had been reinforced across the Trust.</p> <p>He informed the Committee that records and archiving continued to be a significant area of work.</p> <p>He advised that over the past few months the FOI Administrator had undertaken a lot of work towards updating the publication scheme. This had included determining what information was currently available and up to date; along with what additional information was required to ensure that YAS was compliant with the ICO model publication scheme. There were still a few finer points to resolve before the scheme could go live.</p> <p>PD asked whether there was still a significant number of FOIs received from staff representatives.</p> <p>SP advised this issue had become less frequent but would continue to be raised at JSG as necessary to support requests through appropriate channels.</p> <p>SP informed the Committee that the current IG Officer, Caroline</p>	

	Action
<p>Squires had now left the organisation. She had progressed work in this area so it was in good shape for her predecessor to take over.</p> <p>PD thanked SP for the update.</p> <p>Approval: The Quality Committee noted the current position and gained assurance of the effective management of information governance within the Trust.</p>	
<p>8.3 Staff Communications and Engagement Plan Annual Report and Plan for 2016/17 PD welcomed MC and EG to the meeting.</p> <p>MC outlined the details of the report which was to inform the Quality Committee of activity undertaken by the Communications and Engagement Team in 2015/16 and outline the work prioritised for 2016/17.</p> <p>MC advised there had been a lot of activity recently with media liaison and management particularly in relation to the festive period flooding and the verdicts of the Hillsborough Inquiry. These had all been handled professionally and effectively.</p> <p>He referred to the Restart a Heart campaign and the interest generated in this event both locally and nationally. He would encourage the Trust to put in for national awards in this regard.</p> <p>MC advised that the team now had a dedicated Social Media Officer who would focus on digital and social media. Future developments might include an in-house social media presence, for example 'yammer'.</p> <p>He advised that the team continued with internal communications including bulletins for staff and the new e-newsletter 'Staff Update'; and external bulletin for key stakeholders to highlight the Trust's priorities, key developments and focus on patient care. The team had also worked with the Online Team to relaunch the new staff intranet called 'Pulse'.</p> <p>MC informed the Committee that the team also delivered a number of campaigns, including the winter campaign which encouraged the appropriate use of health services. He added that a collaborative approach for winter campaigns with other NHS bodies might yield a better return and reach more of the public.</p> <p>EG referred to funding secured for advertising on YAS' vehicles with a national health message, there would be a menu of different designs that the Trust could use.</p> <p>MC referred to Award Ceremonies that were coordinated by the team and advised the next on the horizon was the 'We Care' awards.</p>	

	Action
<p>He advised that the Communications and Engagement Strategy and associated action plan had been approved at the Trust Board in March 2016.</p> <p>SP asked if the Strategy had been published and highlighted to staff.</p> <p>EG would check this had taken place.</p> <p>Action: To ensure the Communications and Engagement Plan had been published and cascaded throughout the organisation.</p> <p>MC informed the Committee that the proposed new structure for the Communications team was going through the consultation process.</p> <p>The Action Plan would be overseen by the new Director of Business Development, in the interim period until appointment of this post, Peter Cutler would oversee this. The action plan would include meaningful Performance Indicators and provide clarity of what the team hoped to achieve. The document was a 'live' document and it was intended that it would be reviewed on a weekly basis.</p> <p>The proposed structure had a re-focus on both internal and external engagement. It was acknowledged that there was a need to improve employee engagement and it had therefore been agreed that the Employee Engagement Strategy would be embedded within the Communications and Engagement Strategy. Discussions were taking place in this regard.</p> <p>PD agreed that employee engagement was a priority and she asked that the team be able to evidence and demonstrate communications in this regard.</p> <p>MC referred to the role out of YAS tv, adding this could be a content management system with input from staff at the localities. At the request of staff it would not include sound, so it would focus on visual content.</p> <p>EG added that it would include generic information for everyone in addition to tailored and site specific messages.</p> <p>MC remarked that although YAS' website was good there could be some improvements to layout and content.</p> <p>PD thanked MC and EG for the update.</p> <p>Approval: The Quality Committee noted the activity undertaken in 2015/16 and actions prioritised to be progressed in 2016/17.</p>	<p>EG 017/2016</p>
<p>9. RESEARCH GOVERNANCE</p>	

	Action
<p>9.1 Research and Development end of year and plan 2016/17 JM introduced the report which reviewed performance against the 2015/16 work plan and provided the research annual plan for 2016/17.</p> <p>JM advised that the Trust continued to invest in research and allow Paramedics to be involved in research, adding that 30% of Paramedics were involved in this regard.</p> <p>JM explained the funding position in respect of research and advised that the Trust also looked to industry partners to fund research, adding that this could sometimes be a slow process.</p> <p>JM welcomed the continued support for research within the Trust.</p> <p>PD thanked JM for the update.</p> <p>Approval: The Quality Committee noted the development, issues and risks and agreed the workplan for 2016/17.</p>	
<p>10. ANY OTHER BUSINESS</p>	
<p>10.1 Annual committee review, including terms of reference and work plan for 2016/17, with reference to Internal Audit review of committee effectiveness PD asked that any comments on the Terms of Reference be provided to SP. Discussions were on-going about the membership of the Committee.</p> <p>She advised that she and SP had reviewed the workplan for the Committee and asked colleagues to comment as it was and then it would be brought back to a future meeting.</p> <p>SP advised that the new TMG meeting Framework had a clear process for escalating performance issues.</p> <p>Discussion took place around the breadth of the Quality Committee portfolio and the consensus of the Committee was that it was right that the Committee had such a remit for the Trust.</p> <p>Approval: The Quality Committee considered its effectiveness over the previous year and opportunities to develop this further in 2016/17. Terms of Reference were reviewed and agreed pending further comments received and the annual work plan was agreed for 2016/17.</p>	
<p>10.2 Issues for reporting to the Board and Audit Committee PD noted the following items to be reported to Trust Board and Audit</p>	

		Action
	Committee: <ul style="list-style-type: none"> • Draft Quality Account 2015/16 • Annual committee review, including terms of reference and work plan for 2016/17, with reference to Internal Audit review of committee effectiveness 	
11.	FOR INFORMATION	
11.1	IPR – Workforce and Quality The report was noted. The meeting closed at 1225 hours.	
12.	Date and Time of Next Meeting: (0830) 0900-1230 hours 14 July 2016 , Kirkstall and Fountains, Springhill 1, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**