



## Quality Committee Meeting Minutes

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

**Date:** Thursday 3 March 2016

**Time:** 0900 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 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 Julian Mark	(JM)	Executive Medical Director
Roberta Barker	(RBa)	Interim Director of HR and OD

### In Attendance:

Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Associate Medical Director
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
Barrie Senior	(BS)	Non-Executive Director (Observer)
Ronnie Coutts	(RC)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)
Kate Sims	(KS)	Associate Director of HR
Ben Holdaway	(BH)	Associate Director of Quality and Nursing
Michaela Littlewood-Prince	(MLP)	NHS 111 Head of Nursing and Quality Assurance (Item 6.6)
Martin Carter	(MC)	Interim Communications and Engagement Consultant (Item 7.3)
Louise Hodgson	(LH)	Sign Up to Safety Project Lead

### Minutes produced by:

Joanne Lancaster (JL) Committee Services Manager

The meeting was preceded by a presentation at 0830 and 0900 hours, delivered by Mark Millins, Associate Director of Paramedic Practice, Paul Mudd, Locality Director and Adrian Fell, Air Crew Paramedic on the subject of Clinical Supervision.

		<b>Action</b>
	The meeting commenced at 0900 hours.	
<b>1.</b>	<p><b>Introduction &amp; Apologies</b>            PD welcomed everyone to the meeting including Louise Hodgson, Sign Up to Safety Programme Lead who would present an item and also observe the meeting. Apologies were noted as listed above.</p>	
<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 referred to 'Improving Quality in the English NHS' which had been published by the Kings Fund. PD advised that she would forward this on to colleagues.</p> <p>PD noted that Wrightington, Wigon and Leigh NHS Trust had improved year on year on their staff survey results and wondered if there was any learning to be had by YAS in this regard.</p> <p>PD congratulated the organisation on the survival rates following cardiac arrest which had received positive recognition in the media recently.</p> <p>PD reflected on the presentation that had been given preceding the meeting on Clinical Supervision. This had highlighted the day to day challenges of this role. PD had asked for a report to be brought back to Quality Committee on what support was in place for Clinical Supervisors and what difference the investment in the Clinical Team was making.</p> <p><b>Action:</b>  <b>For a report to be brought back to Quality Committee on what support was in place for Clinical Supervisors and what difference the investment in the Clinical Team was making. The report to be presented at the July Quality Committee.</b></p>	<b>MM 001/2016</b>
<b>4.</b>	<p><b>Minutes of the Meeting held on 3 December 2015</b>            The minutes of the Quality Committee meeting held on 3 December 2015 were approved as a true and accurate record of the meeting.</p> <p><b>Matters Arising:</b>            Page 4, first paragraph – change 'OTS' to 'PTS'.             Page 10, add in 'ABP thanked Gareth Flanders and the Quality</p>	

	<b>Action</b>
<p>Team for offering support to review the Quality Accounts to ensure they were accessible.'</p> <p>Page 10, add in 'ABP congratulated YAS on their medicine management and clinical effectiveness.'</p> <p>Page 23, paragraph 11 change 'trail' to 'trial'.</p>	
<p><b>5. Action Log</b></p> <p>The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey.</p> <p>Action 056/2015 – Review of Terms of Reference and Annual Work Plan – This action was now closed.</p> <p>Action 068/2015 – Sign up to Safety – This was on the agenda. Action closed.</p> <p>Action 069/2015 – Production of a crib sheet for staff in relation to safeguarding – This would go to the Clinical Governance Group for consideration.</p> <p>Action 071/2015 – Private Provision – Item on agenda. Action closed.</p> <p>Action 072/2015 – Rota changes to be subject to a system wide impact assessment – This was an action for the Transformation Team. Action closed.</p> <p>Action 077/2015 – Contact with WY Police in regards to their Mental Health facility – Item on the agenda. Action closed.</p> <p>Action 080/2015 – FOI requests – SP advised that previously the data had not been analysed. From April 2015 – February 2016 there had been several hundred FOI request and 5% of these had been from Unison covering a range of issues. He added that 10% of requests had been routed through the 'What do they know' website.</p> <p>SP advised that a conversation would take place with Unison in the JSG about how to deal with requests outside of the FOI process – he suspected this would be an on-going dialogue.</p> <p>SP stated that following this there would be more routine analysis undertaken on FOIs with the Legal Teams input.</p> <p>PD thanked SP for the update and emphasised the need to be firm with the trade unions in this regard. She advised that the action was closed but would welcome feedback on discussions at the JSG.</p> <p>DM arrived at 0920 hours.</p>	

		Action
6.	<b>QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b>	
6.1	<p><b>Quality Governance and Clinical Quality Strategy Update</b>  KW outlined the purpose of the paper which was to provide an update on the quality governance and Clinical Quality Strategy and to provide assurance that related work streams were progressing to plan.</p> <p>KW advised that lead officers were now included within the paper.</p> <p>KW advised that survey results had been analysed in relation to:</p> <ul style="list-style-type: none"> <li>• West Yorkshire Renal;</li> <li>• Patients with Palliative Care Needs;</li> <li>• Patients with Mental Health Illness.</li> </ul> <p>The results had highlighted areas for improvement which were being progressed and had given a greater insight into these groups of patients.</p> <p>KW reported that the Safeguarding Adults and Children referrals audit methodology had been tested adding that it had been audited against two standards:</p> <ul style="list-style-type: none"> <li>• Was the referral appropriate;</li> <li>• Was consent gained.</li> </ul> <p>KW explained that a total number of 160 records had been audited and the appropriateness of referrals was assessed. The audit had found that:</p> <ul style="list-style-type: none"> <li>• 98% of child referrals were appropriate;</li> <li>• 59% of adult referrals were appropriate;</li> <li>• 46% consent had been gained when referring a child;</li> <li>• 59% consent had been gained when referring an adult.</li> </ul> <p>The findings highlighted that there was more work to do when referring an adult and gaining consent as this was a key component of the Health and Social Care Act (2014). A survey was being developed which would aim to understand the reasons staff did not gain consent and the circumstances that informed that decision.</p> <p>KW advised that YAS was engaged with Social Care Teams to strengthen the referral process and documentation.</p> <p>KW intended to report on the number of referrals where consent was gained on a quarterly basis.</p> <p>KW informed that the Quality Account was out for consultation for 30 days which had commenced on the 26 February and feedback was required by 25 March. The deadline for publication was 30 June.</p> <p>KW reported that work had progressed to further explore the opportunities to increase the number of nurses in YAS to develop an</p>	

	<b>Action</b>
<p>integrated workforce. She advised that TEG had agreed in principle to support the introduction of a pilot 'nurse internship programme'. The pilot would recruit a small number of registered nurses to YAS and provide them with a two year rotational post.</p> <p>PD asked what the future for nursing was in the organisation alongside that of Paramedics.</p> <p>Discussion took place around the career progression for both Paramedics and Nurses, the added value that each role provided to YAS and the competencies required for each role. It was acknowledged that some competencies would be similar and some aspects of care might be better suited to one role or be interchangeable.</p> <p>PD emphasised the importance of getting the career frameworks within YAS right going forward.</p> <p>LH guided the Quality Committee through the work she had undertaken since joining the organisation in November on the Sign Up to Safety initiative. Introductions were made around the table and LH advised that her background was in nursing.</p> <p>LH advised that work had commenced on the workstreams:</p> <ul style="list-style-type: none"> <li>• Reduce incidents related to Human Factors in the EOC;</li> <li>• Improve identification and care of patients who deteriorate (child and adult);</li> <li>• Reduce manual handling/patients slips, trips and falls incidents.</li> </ul> <p>LH informed that the Human Factors in the EOC workstream was to promote a safety culture where staff were able to acknowledge mistakes, learn from them and be empowered to take actions to minimise the risk of recurrence. A patient safety group had been established to discuss incidents and the learning required.</p> <p>LH reported that she was working closely with the clinical directorate on the improved identification and care of the deteriorating adult and child workstream. She advised that a safety improvement plan had been devised and the aim was to create a better care pathway for the patient. She reported that workshops would be taking place over the Spring and Summer months.</p> <p>LH advised what was happening within the moving patients safely safety plan. She reported that work was being undertaken to review and analyse incidents and claims relating to manual handling, a review of equipment was taking place, a review of staff training and safety check list would be developed.</p> <p>PD stated that she would look forward to receiving updates on the</p>	

	<b>Action</b>
<p>outcomes of the various workstreams within the Sign Up to Safety initiative.</p> <p>PD referred to PTS and the number of falls and sought assurance that all PTS staff were fully up to date with relevant training in manual handling.</p> <p>SP advised that the situation had improved and he would look at the figures and report back. SP obtained the figures during the meeting and advised that 91.3% of PTS staff were compliant in moving and handling.</p> <p>SD referred to the Mortality Review and advised that following the 5 month pilot, a revised Mortality Review process had been agreed at the Clinical Governance Group. The process involved a review of all deaths by the Clinical Audit team and used the national risk scoring tool.</p> <p>SD advised that the analysis had showed very few preventable deaths where steps might not have been taken to prevent the death. Going forward any category 3 or 4 deaths would be reported to the Trust's Incident Review Group if not already recorded on Datix.</p> <p>SD reported that within the preventable deaths where steps might not have been taken to prevent the death category (3) had included 6 patients who had been discharged from hospitals within 72 hours adding that this information had been passed on to the relevant Trust to follow up as they thought appropriate.</p> <p>SD referred to the 11 patients with a delayed response within the preventable deaths where steps might not have been taken to prevent the death category (3) and advised these had been picked up by Senior Clinicians and managed within the clinical hub in 'real time'.</p> <p>SD reported that the end of Quarter 2 had seen a drop in the clinical performance for outcomes from cardiac arrest, which corresponded with reduced number of patients in the Utstein group with reduced confidence in statistical significance. YAS remained in the top performing ambulance service for the Utstein Group.</p> <p>SD informed that the Red Arrest Teams (RAT) were operating as usual but there was lots of pressure on Clinical Supervisors.</p> <p>SD outlined the Clinical Performance Indicators and advised that YAS had performed well in all indicators, above or on the mean when compared nationally.</p> <p>PD asked about the documentation of Falls in Older People.</p> <p>SD responded that currently there was not a place to document this</p>	

	Action
<p>and this needed to be addressed at a national level. The introduction of the V11 Patient Care Record would facilitate improved documentation through more area to insert free text and reissuing of the falls referral pathways.</p> <p>PD referred to the loss of keys resulting in ambulances being off the road.</p> <p>MM responded that work was on-going to emphasise to staff the importance of ensuring keys were not lost including informing staff of the consequences of losing keys.</p> <p>DM agreed that it was correct that staff understood their responsibilities in this regard, however, he felt it should be acknowledged that losses would occur when staff were working in conditions where there was multiple opportunities for keys to be lost in sometimes challenging and complex environments.</p> <p>PD acknowledged there was always a risk but emphasised that all mitigations should be put in place to reduce the risk to a minimum.</p> <p>SP added that if there were multiple losses by one individual then he would expect this to be dealt with appropriately.</p> <p>PD referred to Complaints and asked what was being done to address complaints about 'staff attitude' within A&amp;E Operations which had increased to 37%.</p> <p>SP responded that there was broader themes around this and linked in with the Cultural Audit and behavioural framework.</p> <p><b>Action:</b>  <b>To report back at the May Quality Committee on the Improvements put in place to enhance the patient experience and reduce complaints in this regard.</b></p> <p>PD thanked the team for the report.</p> <p><b>Approval:</b>  <b>The Committee noted the update and were assured that quality governance remained a key priority for the Trust and that related work streams were progressing to plan.</b></p>	<p>SP 002/2016</p>
<p><b>6.2 Care Quality Commission Action Plan</b>  KW outlined the details of the report which was to provide an update on the CQC inspection process and present the YAS CQC Action Plan.</p> <p>KW refreshed the Committee on the key findings and recommendations of the CQC inspection and updated them on the progress to date.</p>	

	<b>Action</b>
<p>KW advised that the action plan was monitored on a weekly basis by TEG and evidence against the completion of each section was stored and managed in preparation for the next CQC inspection.</p> <p>KW referred to the Internal Audit programme with audits against all revised and new SOPs would take place in Quarter 4 (15/16) and Quarter 1 (16/17).</p> <p>She informed the Committee that early discussions had taken place with the CQC which had considered options for further inspection. It was anticipated that a full inspection would take place after June. However, it was not known if this would be combined with the planned inspection of NHS 111 or if it would be a separate inspection and this would be confirmed by CQC based on their national timetable.</p> <p>KW reported that there would be a 'mock' inspection which would follow CQC methodology adding that external stakeholders including Commissioners and the NHS Trust Development Authority had been invited to participate and the provisional date had been set for 16 May 2016.</p> <p>SP added that the mock inspection would be a robust process so that YAS could test itself against the CQC methodology.</p> <p>KW advised that additional meetings with the CQC were taking place which were not part of the inspection process but around requests from the CQC.</p> <p>KW referred to the inspection regime for the Urgent Care 'footprints' adding that YAS had provided information in respect of the Bradford and Airedale System Resilience 'footprint'.</p> <p>MW questioned the length of time some of the issues had taken to be resolved within Fleet, Estates and Operations and asked why external capacity had not been considered to speed up the process.</p> <p>SP responded that the initial focus had been to resolve the issues that were easily rectifiable. Following this the issues that required more consideration had then been addressed. SP added that external capacity would not have been at the level or speed that was required by YAS. He added that someone had been identified to oversee the process and they would link in with the new Medical Devices Manager who commenced with the organisation shortly.</p> <p>PD asked if TEG were getting the assurance which they required.</p> <p>SP advised that the information went to TEG on a weekly basis.</p> <p>PD asked for the actual start date for the Medical Devices Manager.</p>	



	<b>Action</b>
<p>SP advised this post would start on 14 March and would create a level of stability within the team. The KPIs required improvement and a rolling replacement programme needed to be implemented. He added that devices and capital spend had been identified.</p> <p>PD thanked KW for the update.</p> <p><b>Approval:</b>  <b>The Committee noted the updated report and were assured that the findings of the CQC inspection published in August 2015 were being addressed and that progress against the CQC action plan was being made.</b></p>	
<p><b>6.3 Expert Patient Report</b></p> <p>APB outlined the details of the paper which updated the Committee on the patient role and the patient voice within YAS.</p> <p>APB reported that she had met with the new programme lead for Sign Up to Safety and discussions had focused on how YAS could improve things for patients and how to embed these within the organisations culture going forward.</p> <p>ABP had attended the YAS Vehicle and Equipment Procurement Group meeting and had taken part in some useful discussions around incorporating the patient experience into procurement exercises.</p> <p>APB informed the Committee that she had had the opportunity to visit Manor Mills and learn about the HART team and she had found this an enlightening experience adding that she would like her thanks passed on to Stuart Mcpherson.</p> <p>She advised that she had a meeting with the Director of PTS the following week where they would discuss vehicle design and patient safety.</p> <p>APB informed the Committee that she would provide support and advise on the reintroduction of a YAS Critical Friends Network or Consumer Panel on 'Experts by Experience' to be recruited via YAS Patient Relations contacts and other patient experience contact avenues.</p> <p>APB reported that she was meeting with the Trust's Membership Manager, Ali Richardson later that day and she was also working with Elaine Gibson from the Communications team.</p> <p>APB advised that she had been working with Kez Hayat, Head of Equality and Diversity, particularly around Equality Impact Assessments.</p> <p>Discussion took place around notes from the YAS forum meeting which APB referred to on page 3 of her report. AA confirmed that</p>	

	<b>Action</b>
<p>notes were not taken at the pre-meetings. Further discussion took place around the YAS Forum and its role on engagement and consultation with the public.</p> <p>AA advised that the YAS Forum had a recently appointed 'Lead Forum Member' who met with the Chairman. The intention was that Forum Members engaged with their communities, however, she acknowledged it had not been as structured in the past but this would change going forward. The Lead Forum Member was mapping networks and meetings to provide a more formalised view of representation. AA advised it was early days but this was a positive step forward.</p> <p>PD thanked APB for her excellent report and was pleased that she had been to visit PTS and the HART team. The workplan was agreed as part of the Quality Committee wider workplan.</p> <p><b>Approval:</b>  <b>The Quality Committee received the YAS Expert Patient verbal update on actions since the last meeting for information.</b></p>	
<p><b>6.4 Service Transformation Plan</b></p> <p>SP introduced the paper which provided an update on the planned migration from a Service Transformation Team to a 'controlling' PMO which was planned from April 2016.</p> <p>SP advised that the key highlights of the dashboard were:</p> <ul style="list-style-type: none"> <li>• Organisational and corporate development – Good progress was being made in the portfolio reviewed and the wider programme deliverables would be re-shaped in light of this;</li> <li>• Clinical Integration – some progress had been made in year on closer integration of calls via 111 and 999. This would be re-scoped for 2016/17 based on the Vanguard objectives;</li> <li>• Intelligent Ambulance – A business case for future electronic patient records was currently being prepared for TEG.</li> </ul> <p>SP guided the Quality Committee through a presentation on the Service Transformation Programme realignment.</p> <p>He referred to a slide which showed how the programme aligned to the Trust Strategy and the Business Plan objectives. SP outlined how the transformation programmes linked through the organisation including the West Yorkshire Urgent and Emergency Care Vanguard Programme.</p> <p>SP advised that the intention of the realignment was to simplify the process and ensure a more focused approach to the delivery of the transformation programmes.</p> <p>SP advised that there would be a reduction in the number of</p>	

	Action
<p>transformation programmes from seven to four: A&amp;E; Urgent Care; PTS; and Hub and Spoke.</p> <p>SP informed the Committee that there would be a formal change control process through the PMO.</p> <p>MW requested that a paper be presented either at F&amp;IC or Joint F&amp;IC and QC on the PTS telematics review on lessons learned/benefits realisation.</p> <p><b>Action:</b>  <b>That a paper be presented either at F&amp;IC or Joint F&amp;IC and QC on the PTS telematics review on lessons learned/benefits realisation.</b></p> <p>PD thanked SP for the overview and welcomed the reduction in duplication and simplification between the different transformation schemes.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update.</b></p>	<p><b>SP</b>  <b>003/2016</b></p>
<p><b>6.5 A&amp;E Plan update</b></p> <p>DM introduced the paper and advised it updated the Quality Committee on performance related issues, safety, quality and performance for A&amp;E related activities.</p> <p>PD acknowledged that the Trust was not achieving the performance targets but emphasised that it was still achieving significant results and was still performing well when compared nationally.</p> <p>DM thanked PD for the acknowledgement in improvement but advised that he would like to see improvement at a faster rate.</p> <p>DM advised that there was a lot of information in the paper. He referred to the AQI changes and advised there would be a further update to the Trust Board.</p> <p>DM reported on the revisions to the national ambulance quality indicators that were introduced on 5 January, which were:</p> <ul style="list-style-type: none"> <li>• Clock start position for Red 2 NHS 111 calls;</li> <li>• Enhanced triage of Red 1 calls from 999 and NHS 111 calls;</li> <li>• Enhanced triage of NHS 111 red 2 calls;</li> <li>• Use of Community Access Defib Sites (CPADS);</li> <li>• Use of Static Defibs;</li> <li>• Reporting on subsequent calls with a different priority from the original call.</li> </ul> <p>DM informed the Committee that the impact of the changes had mainly affected ambulance services performance for Red 1 responses adding that this impact was consistent across the other</p>	

	<b>Action</b>
<p>ambulance services.</p> <p>DM reported that the Trust was not achieving performance against Red 1, however, YAS was doing well when compared nationally to other ambulance services and YAS was consistently getting nearer to achieving the performance target.</p> <p>DM outlined the progress on the delivery of the A&amp;E Transformation Programme which had been agreed by the Board in December 2015.</p> <p>DM explained that the majority of the attention had been on recruitment and training of staff adding that part of the work had included the development of a 'workforce tracker'. This would ensure that the staff and skill mix of the frontline staff against the business plan were clearly and easily understood by the Trust and station level.</p> <p>DM advised that an overseas recruitment proposal had been developed for the Trust to consider.</p> <p>DM informed the Committee that rota intelligence gathering had been undertaken with best practice visits to other industries in addition to other ambulance Trusts. The intelligence had been used to inform the rota design principles and options. He advised that an interim rota change process had been developed and was now in operation which would enable the Trust to make small changes to existing rotas that support the objectives of the programme. DM emphasised that the process included a simple objective modelling tool that ensured all changes improved the service to patients as well as balancing the needs of staff.</p> <p>DM advised that some of the rota changes had been welcomed by staff adding that a number of stations were becoming interested and some stations had already changed their rota patterns. DM commented on this piece of good and significant work that had been developed by KS and colleague.</p> <p>DM reported that ORH had been commissioned to undertake modelling on the potential impact of the new Ambulance Response Programme 2 (ARP2) adding more information would be supplied at Trust Board.</p> <p>DM referred to the A&amp;E contract negotiations and stated his belief that they were in a better place than they had been for some time. However, there was still a gap in the settlement and if this could not be resolved the Trust and Commissioners would potentially need to go to arbitration.</p> <p>DM reported that there were significant issues in terms of hospital handovers and YAS' concerns had been raised with DoH and Commissioners.</p>	

		<b>Action</b>
	<p>A discussion took place around the implementation of penalties for Acute Trusts not meeting their turnaround target times.</p> <p>DM outlined the number of employees within A&amp;E Operations split between clinical staff (1176 fte), non-clinical (809 fte) and clinical supervisors (122 fte).</p> <p>Discussion took place around the skill mix within this group with DM advising that 59% were clinical staff and of these 76% were Paramedics.</p> <p>DM advised that PDR compliance was below what it should be.</p> <p>PD asked for significant improvement in this area and for a report to be presented back to Quality Committee in May 2016.</p> <p><b>Action:</b>  <b>For a report to be presented at the May Quality Committee on PDR compliance within A&amp;E Operations.</b></p> <p>PD thanked DM for the report and acknowledged the challenging times facing the service.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the updated position.</b></p>	<p><b>DM</b>  <b>004/2016</b></p>
<p><b>6.6</b></p>	<p><b>NHS 111 Service Line Assurance Update</b>  PD welcomed MLP to the meeting.</p> <p>MLP outlined the details of the report which provided the Committee with an update on the quality in the NHS 111 service.</p> <p>MLP advised that call volume received by the service remained in excess of the funded call levels (2.7% above as of 31 January which equated to 31,000 additional calls with an outturn projection of 47,000).</p> <p>MLP informed the Committee that a capacity review had been requested with Commissioners during September 2015. Whilst this review had not taken place it had been raised formally as part of the 2016/17 contract discussions.</p> <p>MLP reported that 97% of calls were answered within 120 seconds and 94.8% answered within 90 seconds.</p> <p>MLP explained that whilst KPIs continued to be challenging the service had strong clinical queue management in order to ensure that patients were prioritised based on clinical need.</p> <p>MLP outlined the details of the patient feedback received during Quarter 1 and Quarter 2 which indicated a continuation of positive</p>	

	<b>Action</b>
<p>patient experience around their NHS 111 experience, such as:</p> <ul style="list-style-type: none"> <li>• Being treated with dignity and respect;</li> <li>• That the advice was re-assuring;</li> <li>• Patients followed the advice given.</li> </ul> <p>MLP advised that patients with a chronic or long term illness condition were more likely to provide feedback.</p> <p>MLP informed the Committee that an audit of 999 referrals had been undertaken during Quarter 3 and this had illustrated that a significant number of NHS Pathways Ambulance dispositions had been managed to a more appropriate clinical intervention adding that YAS continued to be below the national average for 999 referrals.</p> <p>MLP reported workforce issues remained a challenge adding that long term sickness was being focused on within the service. She advised that PDR rates had dipped but this had recovered at present.</p> <p>MLP referred to two workforce pilots that YAS NHS 111 were undertaking funded by NHS England:</p> <ul style="list-style-type: none"> <li>• Staffing retention – this pilot was a new induction programme to more effectively support and prepare staff.</li> <li>• NHS 111 staff member end to end reviews – this pilot would consider the benefits of staff being able to request a review or details of the end patient outcome.</li> </ul> <p>RC stated that in his experience the sickness rate in NHS 111 compared favourably to private/commercial organisations, however, he stated that the attrition rate within the service was a challenge adding that it would be beneficial to look at the retention of staff and how to reduce attrition rates.</p> <p>MLP responded that staff would join YAS for a variety of reasons but then find they did not want to work shift patterns or weekends and bank holidays. She advised that only clinicians were able to undertake homeworking adding that for call handlers this was not possible due to governance and software licence constraints. The new pilot induction programme would hopefully provide additional support to call handling staff and received the likelihood of staff leaving in the early phase of the employment.</p> <p>PD thanked MLP for the useful update.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the updated report and gained assurance that the NHS 111 service was delivering against targets and noting the above contract call volume.</b></p>	

		<b>Action</b>
6.7	<p><b>Significant Events/Lessons Learned</b></p> <p>SP outlined the details of the report which provided the Quality Committee with an update on the significant events highlighted through Trust reporting systems and by external regulatory bodies, and provided assurance on actions taken to effectively learn from adverse events.</p> <p>SP advised the Committee that the Incident Review Group actively managed the Serious Incidents reviewing them at the meetings.</p> <p>SP informed the Committee that there had been an increase in Ombudsman referrals but YAS' response had been robust adding that of the 17 received 15 had not been upheld and only two had been partially upheld.</p> <p>SP referred to the 'Risks' section of the report and advised that when a claim was reported to Legal Services there was strict timescales in which to provide the documents and evidence of investigations. Obtaining the information from departments across the Trust remained challenging and there was a risk that this might increase legal costs. The Legal Services Team continued to work with teams across the Trust to mitigate this and this was closely monitored by the team.</p> <p>SP informed the Committee that there was no evidence to suggest that safety was taking a downturn.</p> <p>EM asked a question in relation to the partially upheld Ombudsman complaint where information had not been properly recorded and she asked if there was a wider issue in this regard.</p> <p>DM responded that it was likely that a key decision or key negative that had not been recorded and YAS would consider what additional support could be given to staff in this regard and build these into appropriate training.</p> <p>SD added that when the Trust began to use the eRPF then this would contain prompts for staff.</p> <p>The Chairman arrived at 1130 hours.</p> <p>PD stated her belief that it could sometimes be difficult for clinicians to defend themselves if records had not been recorded accurately even though the appropriate care and response had been given to a patient.</p> <p>PD referred to the learning from Significant Incidents and welcomed sight of the progression in this regard.</p> <p>Discussion took place around moving and handling.</p>	

		<b>Action</b>
	<p>PD thanked SP for the update and report.</p> <p><b>Approval:</b>  <b>The Committee noted the update and were assured in regard of the effective management or, and learning from, adverse events.</b></p>	
7.	<b>WORKFORCE</b>	
7.1	<p><b>Workforce Plan Update Report</b></p> <p>KS outlined the details of the report and advised it gave an overview of matters relating to a wide range of workforce issues, including education and training, equality and diversity and employee wellbeing.</p> <p>KS informed the Committee that the Trust had recently submitted the first draft of its annual Workforce Plan to the TDA to support the Trust's Operating Plan. Early indications from the TDA were positive and they felt the approach was good. The TDA had asked YAS to build on 1 to 2 areas to expand on workforce planning within A&amp;E particularly in relation to rostering.</p> <p>KS referred to a number of developments within this area including a recruitment tracking system and targeted recruitment. She advised that there would be a recruitment event in Hull and already several 100 people were signed up to this.</p> <p>KS advised that HR would be arranging an event for the various services within YAS to attend to get an overview of key service priorities within the next 3-5 years and what workforce would be required to meet these and future needs.</p> <p>KS reported that smaller numbers were joining the 'Trust Bank' adding that this was a small bank and that to manage a 'true' bank would require the correct resourcing. Staff were asked to join the current Bank who were retiring, leaving or through overtime.</p> <p>DM stated his belief that the Trust should consider establishing a full Bank as there would always be situations where additional resource was required.</p> <p>KS reported that funding had been secured from Health Education England to enable the Trust to undertake a targeted campaign for a cohort of ECAs to participate in a pre-degree care experience which would provide access to the DipHE Paramedic Practice Course at Sheffield Hallam University. It was hoped to attract applicants from a diverse range and there would be a focus on equality and diversity element.</p> <p>PD asked for clarification if this was open to existing staff members.</p> <p>KS responded that existing staff would have the eligibility to apply and it was hoped that some staff would apply.</p>	



	<b>Action</b>
<p>DM clarified that this scheme was in addition to the ECA to Paramedic Conversation Programme.</p> <p>KS explained the new recruitment tracker system which would provide a whole Trust recruitment process adding that it would monitor every stage of the recruitment process. She advised that individual managers would be able to access recruitment within their remit.</p> <p>PD asked what the position was on overseas recruitment.</p> <p>KS advised that a paper had been to TMG in February and it was hoped, through an agency, to recruit a group of 20 Paramedics.</p> <p>DM added that the process would be monitored carefully to ensure that candidates had the right skills. He added that the countries proposed (Australia and Poland) had a good standard of Paramedic training and also candidates were keen to come to the UK.</p> <p>The Chairman stated her belief that the proposals should be seen by the Board.</p> <p>PD asked that it be escalated to the Trust Board with a detailed section in the Chief Executive's report with a recommendation for the Board to support the direction of travel.</p> <p><b>Action:</b>  <b>To include a section in the Chief Executive's report on the proposals around Overseas Recruitment with a recommendation for the Trust Board to support the direction of travel.</b></p> <p><b>To include an update in the next workforce report on development of the in-house 'bank'.</b></p> <p>Discussion took place around overseas recruitment and the cultural differences, terminology differences and a good standard of written English in this regard.</p> <p>KS reported that sickness absence was 5.6% adding that the Trust target was 5%. A key theme on absence was mental health and KS advised that there would be a mental health awareness course for managers which would take place in March 2016.</p> <p>KS outlined the details about where sickness absence followed annual leave being declined. This had been investigated to provide assurance and there had been no repeat offences.</p> <p>KS referred to employee wellbeing and advised that 45 colleagues had undertaken a programme with MIND. Discussions were taking</p>	<p>KS 005/2016</p> <p>KS 006/2016</p>

	<b>Action</b>
<p>place around introducing a ‘back of a crew’ event whereby potential staff could see the positives and negatives of a day in the life of a Paramedic/Ambulance Crew to give them a greater understanding of the role.</p> <p>KS advised that a significant amount of work had been undertaken on industrial relations in terms of Paramedic career progression.</p> <p>SOL outlined the details of the Leadership and Learning segment of the paper, advising that there had been a 40% return rate for the staff survey, that Kez Hayat, Head of Diversity and Inclusion had previously given the Board detailed information on equality issues, and that an audit report had been undertaken in the immunity and commercial training section.</p> <p>PD referred to professional qualifications undertaken at Universities and expressed concerns that if HE places were not being recruited to then it would impact on the profession.</p> <p>DM responded that joint work between YAS and Sheffield University and Bradford University was being undertaken to address this.</p> <p>SOL added that there had been targeted campaigns in some communities to encouraged people from different backgrounds to apply for places.</p> <p>PD encouraged members of the Quality Committee to attend the Equality and Diversity training.</p> <p>PD thanked the team for the report and acknowledged the risks outlined at section 11 of the report.</p> <p><b>Approval:</b>  <b>The Committee noted the update and were assured by the progress made noting the risks highlighted at section 11 of the report.</b></p>	
<p><b>7.2 Education and Training Plan Update Report</b></p> <p>SOL outlined the details of the report which provided the Quality Committee with an update on the Trust Training and Education activity and the draft plan for 16/17.</p> <p>SOL referred to ‘Talent for Care’ for Bands 1 – 4 which was a strategy that was focused on partnership working at all levels, to ensure that support grade staff received the investment and development they needed to be highly skilled and flexible in order the meet future healthcare needs.</p> <p>EM referred to some comments that she had received from the BME Staff Network and SOL clarified the issue.</p> <p>PD thanked SOL for the update.</p>	

		<b>Action</b>
	<p><b>Approval:</b>  <b>The Committee noted the update and were assured on the progress made.</b></p>	
<p><b>7.3</b></p>	<p><b>Employee Communications and Engagement Update</b>  PD welcomed MC to the Quality Committee.</p> <p>MC briefly guided the Quality Committee through the presentation.</p> <p>He advised the final strategy would be ready the following week and that employee engagement would be integrated into this.</p> <p>MC referred to YAS tv and advised that it was likely this would incorporate 'corporate' information and information that was specific to the location. There would be no sound at staff request. He advised that this had been an ICT initiative and not a communications one. There would be work around managing expectations on YAS tv.</p> <p>SD questioned ICT leading on YAS tv and stated his belief this should be led by Communications.</p> <p>MC responded that the idea had been conceived by ICT and then Communications had got involved in the concept. The screens were currently being delivered and the expectation was that once these had been implemented Communications would take ownership for content.</p> <p>MC advised that in terms of staff engagement more work was required to fully embed this within the organisation adding that good staff relations often produced better outcomes in terms of sickness absence rates and employees wellbeing. The Communications Strategy was linked to YAS' Operating Plan.</p> <p>RC asked how managers were being supported on employee engagement.</p> <p>MC responded that it was key that managers were supported and discussions were on-going with key people on how best to achieve this including training programmes to equip managers.</p> <p>PD commented that messages from the Trust Board to frontline staff could be communicated through YAS tv.  DM stated his belief that the information flow throughout the organisation could be much improved and that staff needed to understand the messages they were being given.</p> <p>MC responded that he took on board the points raised and acknowledged that progress was required. The Strategy would go to</p>	

		<b>Action</b>
	<p>Board. He emphasised that communications and engagement was everyone's business and not just the Communications team.</p> <p>PD thanked MC for the useful update.</p> <p><b>Approval:</b>  <b>The Committee noted the update and progress made.</b></p>	
<b>8.</b>	<b>RISK MANAGEMENT</b>	
<b>8.1</b>	<p><b>Risk Management Report</b></p> <p>SP outlined the details of the report which informed the Committee on the risks recorded within the BAF and the Corporate Risk Register and to provide assurance on the effective management of corporate risks.</p> <p>SP advised this was the standard report which was brought to the Quality Committee. He outlined the new risks that had occurred since the last Quality Committee on 3 December.</p> <ul style="list-style-type: none"> <li>• Risk 743 – Gaps in Fleet / Medical Devices management structure;</li> <li>• Risk 745 – CHFT reconfiguration;</li> <li>• Risk 754 – Vanguard Communications Plan;</li> <li>• Risk 763 – Age profile of equipment.</li> </ul> <p>SP also referred to the movement of defibrillators by staff and the eRPF replacement.</p> <p>SP referred to the spread of risks by function and advised it was likely that some functions were underrepresented on the Risk Register and further work with department managers would explore this in more detail.</p> <p>SP advised that Internal Audit reports had now been completed and discussions were taking place about what this meant for the risk register.</p> <p>SP informed the Committee that the risk register would be used to inform the Internal Audit workplan. He added that at the BDM on 23 February there had been a session on BAF including the closedown of 2015/16.</p> <p>PD thanked SP for the update.</p> <p><b>Approval</b>  <b>The Committee noted the update.</b></p>	
<b>8.2</b>	<p><b>Freedom to Speak Up</b></p> <p>SP outlined the details of the report which highlighted to the Quality Committee the work that had been undertaken on the delivery of the Freedom to Speak Up recommendations across YAS.</p>	

	<b>Action</b>
<p>SP advised that information had been to TMG and was at the Quality Committee for recommendation to implement on behalf of the Trust Board. A further report would go to Trust Board in March.</p> <p>SP outlined the background to the initiative which had come out of the Frances Review. SP advised that the Freedom to Speak Up initiative would provide maximum opportunities for staff to raise concerns and it would be integrated in to YAS' processes.</p> <p>SP advised that a Freedom to Speak Up guardian would be appointed on a part time basis adding the Chief executive and an external person would be on the selection panel. The guardian would formally coordinate the activities and link in to the national guardian role.</p> <p>SP informed the Committee that an action plan had been developed.</p> <p>SP advised that initially staff would be guided to their manager or supervisor to raise concerns, if that was not possible then the guardian role would take over. Issues could be raised anonymously.</p> <p>SP advised that the National Guardian had reviewed YAS' approach and had been impressed and it closely followed what she had intended to issue as guidance.</p> <p>PD expressed her belief that it would be difficult to measure the success of the initiative and she assumed that initially this would be on the number of concerns that were raised.</p> <p>She welcomed the comprehensive approach to the initiative and hoped this would make a difference to the way staff felt confident to raise concerns.</p> <p>PD thanked SP for the update and advised this would be recommended to Trust Board.</p> <p><b>Approval:</b>  <b>The Committee noted the update and recommended the report to the Trust Board.</b></p>	
<p><b>9. RESEARCH GOVERNANCE</b></p>	
<p><b>9.1</b> There were no items for discussion under this section.</p>	
<p><b>10. ANY OTHER BUSINESS</b></p>	
<p><b>10.1 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>• Medical Devices;</li> <li>• Hospital turnaround;</li> </ul>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>• Freedom to Speak Up;</li> <li>• Overseas recruitment.</li> </ul>	
<b>10.2</b>	<b>Review of meeting actions and quality review of papers – annual committee review and work plan for 2016/17</b> PD thanked everyone for their time and efforts.	
<b>11.</b>	<b>FOR INFORMATION</b>	
<b>11.1</b>	<b>Terms of Reference and annual work plan</b> The report was noted.	
<b>11.2</b>	<b>IPR – Workforce and Quality</b> The report was noted.  The meeting closed at 1235 hours.	
<b>12.</b>	<b>Date and Time of Next Meeting:</b> (0830) 0900-1230 hours <b>12 May 2016</b> , Kirkstall and Fountains, Springhill 1, WF2 0XQ	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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