



Quality Committee Meeting Minutes

Venue: Boardroom, Springhill 2
Date: Thursday, 8 November 2012
Time: 1300 hours

Chairman: Pat Drake

Attendees:

Pat Drake	(PD)	Chairman
Elaine Bond	(EB)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director (Observing)
Steve Page	(SP)	Executive Director of Standards & Compliance
Paul Birkett-Wendes	(PBW)	Executive Director of Operations

In Attendance:

Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Julian Mark	(JM)	Associate Medical Director
Ben Holdaway	(BH)	Locality Director, EOC
Karen Warner	(KW)	Associate Director of Quality
Shelagh O’Leary	(SOL)	Associate Director of Organisational Effectiveness & Education
Bryan Ward	(BW)	Head of Education and Standards
Alan Baranowski	(AB)	Locality Director Emergency Operations, South (Items 1-5)
Ian Walton	(IW)	Associate Director of Resilience & Special Service (Item 21)
Keeley Townend	(KT)	Associate Director of NHS 111 & Urgent Care (Item 19)
Caroline Squires	(CS)	Information Governance Manager (Item 27)

Apologies:

Erfana Mahmood	(EM)	Non-Executive Director
Stephen Moir	(SM)	Deputy Chief Executive & Executive Director of Workforce & Strategy
Dr Alison Walker	(AW)	Executive Medical Director
Dr Dave Macklin	(DM)	Associate Medical Director
Paul Mudd	(PM)	Locality Director, Emergency Operations West
Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Dave Williams	(DWi)	Deputy Director of Operations
Kevin Wynn	(KDW)	Associate Director of Risk & Safety

Minutes produced by: (MG) Mel Gatecliff, Executive Support Officer (Interim)

		Action
	The meeting commenced at 1400 hours.	

		Action
1	<p>INTRODUCTIONS & APOLOGIES</p> <p>The Chairman welcomed everyone to the meeting and apologies were noted as listed above.</p> <p>It was agreed that Item 21 (Major Incident Response) would be considered before Item 7 on the agenda.</p>	
2	<p>REVIEW OF MEMBERS' INTERESTS</p> <p>Declarations of interest would be noted and considered during the course of the meeting.</p>	
3	<p>CHAIRMAN'S INTRODUCTION AND COMMITTEE WORK PLAN</p> <p>The Chairman stated that the Quality Committee Work Programme was up-to-date. She acknowledged that new items, including the Claims report which was to be considered at the January meeting, had been included in the already extensive Work Plan, adding that the Francis report would also be added when it was published.</p> <p>The Chairman further stated that papers for the National Quality Board, which had already been sent out would probably need to be refined and reissued after the conclusion of the Francis report in January 2013.</p> <p>She confirmed that the extra one-off meeting in September had considered in depth the review of the Quality Impact Assessments of the CIPs and Downside Risk Scenarios.</p> <p>The Chairman reported that she had attended a study day on the Mid Staffs public enquiry, which was the first ever public enquiry into an NHS organisation, adding that she would share the papers that she had received following the event.</p> <p>She confirmed that an original copy of the Francis report was being purchased as its impact on the Trust was bound to be fairly significant. As its recommendations would need to become a big part of future Quality Committee agendas it was essential that members of the group familiarised themselves with the background to the report, talked about it with staff, etc.</p> <p>SP stated that the Board had reviewed the original Mid Staffs report and a lot of work subsequently carried out around quality governance had stemmed from this report. The recent NQB publications reviewed at the last meeting also anticipated the outcomes of the current phase of the Francis enquiry. This would form a useful foundation for further discussion and action.</p>	
4	<p>MINUTES OF THE MEETINGS HELD ON 6 SEPTEMBER 2012 AND 26 SEPTEMBER 2012</p> <p>6 September 2012</p> <p>The minutes of the meeting held on 6 September 2012 were approved as a true and fair representation of the meeting subject to the following amendments.</p>	

	Action
<p>Matters Arising Page 1 - Dr Alison Walker to be added to the list of apologies.</p> <p>Page 2 – Action Log - Andrea Broadway-Parkinson’s name to be corrected.</p> <p>Page 3 – first paragraph – “it” to be deleted.</p> <p>Page 13 – Education Quality Report – paragraph two to be amended to read “courses for Assistant Practitioners to be trained to become Emergency Care Assistants (ECAs) and future ECAs to be trained to become paramedics</p> <p>Page 14 – Clinical Leadership Framework Progress Report – bullet point three to be amended to state “Leadership skills self-assessments will be reviewed in 12 months”.</p> <p>26 September 2012 The minutes of the meeting held on 26 September 2012 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising There were no matters arising.</p>	
<p>5</p> <p>ACTION LOG The meeting worked through the Action Log, which was updated accordingly.</p> <p>023/2012 – KW reported that work had been carried out with Procurement and the Resilience team and the storage problem addressed. SP stated that it would be a recurring monthly issue which would need to be monitored by the Operations Management Group – action closed.</p> <p>032/2012 – JM stated that an update should be available for the January meeting.</p> <p>033/2012 – BH to present at that day’s meeting - action closed.</p> <p>034/2012 – KW stated that this item should be kept open as although there had been discussion around the topic and it had been on the agenda for the November Directors’ of Nursing meeting, it had been deferred until the next meeting.</p> <p>035/2012 – KW had spoken to DWi about more narrative around the tables. SP will provide further information at the next meeting.</p> <p>036/2012 – action closed – KW reported an improvement and PBW stated that the standards were being monitored by the Operations Management Group.</p> <p>037/2012 - West Yorkshire CBU – Attendance Management SP stated that information relating to sickness and absence had been circulated with the meeting papers.</p> <p>PBW stated that there were currently pockets of good practice eg PTS South, adding that the NED start and finish group would contribute to the issue with a half-day session being arranged to enable them to consider the issues in greater depth.</p>	

		Action
	<p>AB stated that in West Yorkshire long term sickness was up whereas short term sickness had dropped. He further stated that everyone currently off sick was being deal dealt with through the relevant process. Several people had now left the service but the process was very challenging to work through.</p> <p>PD acknowledged that sickness absence continued to be a major concern to the organisation but now that the data quality was much improved it should be easier to analyse going forward.</p> <p>038/2012 – SP stated that this would be included on the agenda for the December Board Development meeting – action closed.</p> <p>039/2012 – SOL reported that Graeme Jackson was currently revising the Trust’s recruitment selection policy to ensure that it aligned more with the organisation’s values and behaviours.</p> <p>041/2012 – SP stated that this work was on-going through the Clinical Leadership Project Group.</p> <p>042/2012 – SP stated that this had been built into the work plan. Exceptions would be highlighted in the Quality Governance paper. RAG ratings, which would be owned by individual managers, would be built in to compliment the Trust process.</p> <p>043/2012 – PBW confirmed that this meeting had taken place – action closed.</p>	
6	<p>FEEDBACK FROM SHA OBSERVATION</p> <p>The Chairman reported that formal, written feedback had been received from the SHA.</p> <p>She stated that the majority of their feedback had concentrated on process-based issues eg no timings on the agenda so there had been nothing hugely significant. There were some comments on the size of the agenda and the level of NED and ED challenge, which the observers had felt could be higher at times.</p> <p>SP stated that the SHA’s summary reported that overall the Quality Committee was functioning well.</p> <p>The Chairman congratulated the Quality Committee on their efforts and it was agreed that once they had become more familiar with the agenda, knew each other better, etc the Committee would work even more effectively.</p>	
	<p><u>CLINICAL QUALITY PRIORITIES</u></p>	
7	<p>CLINICAL GOVERNANCE AND QUALITY UPDATE REPORT</p> <p>SP stated that the report provided an update on progress, issues and risks in relation to clinical governance and the delivery of the Clinical Quality Strategy.</p> <p>He further stated that the Clinical Managers had been transferred to the Clinical Directorate with a dotted line to Operations and had positive focused objectives which supported elements of the Strategy.</p>	

	Action
<p>The work to develop a Patient Safety Thermometer would continue as a CQUIN the following year, a dementia awareness resource pack had been developed and regional funding had been secured for the Dementia work-stream.</p> <p>The Chairman asked whether PBW saw the Locality Boards as a driver in relation to Quality.</p> <p>PDW replied that they had made a difference and had a good quality dashboard.</p> <p>ABP requested an update on the status of the critical friends' network.</p> <p>KW replied that all of the critical friends had been contacted with a view to them becoming Foundation Trust members.</p> <p>SP stated that he would approach Hester Rowell for clarification of the current position.</p> <p>Action: SP to contact HR for clarification re use of critical friends</p> <p>The Committee reviewed the blue "action complete" entries in the Clinical Quality Strategy Implementation Plan and agreed that in future feedback on outcome measures, difference made, etc should be added to the report by each action lead prior to the action being formally signed off as complete.</p> <p>Action Action leads to provide information re outcome measures, etc alongside each blue "action complete" entry</p> <p>The Committee noted the progress, issues and risks outlined in the paper and was assured that the delivery of the Clinical Quality Strategy was being monitored and was currently in line with previously agreed milestones.</p>	<p>SP</p> <p>All</p>
<p>8</p> <p>REVIEW OF KEY QUALITY INDICATORS (IPR)</p> <p>The Committee reviewed the key quality indicators in the Integrated Performance Review (IPR).</p> <p>The meeting considered the amber and red RAG ratings.</p> <p>The six ambers in 3.1a were all in the Service Transformation Section of the IPR. PBW confirmed that the EOC Transformation had been launched, with the consultation period commencing on 5 November. In addition, Jo Halliwell was now in post so work on the PTS Transformation was also under way.</p> <p>PBW stated that a contingency was in place in relation to the amber in 3.15, PTS Service-User Experience.</p>	

	Action
<p>The two red RAG ratings were flagged in 3.16 the CQC section of the report following changes to the Quality and Risk Profile. SP stated that “Co-operating with other providers” had been flagged red because of one data item (STEMI 15v ACQI). Work was on-going and the Clinical Manager who was an ex-coronary care nurse would pick this item up as part of his role going forward.</p> <p>The red RAG rating in staffing related to the low number of staff who received a flu vaccination the previous year. A refreshed plan was being rolled out this year which had made the vaccinations much easier to access.</p> <p>A discussion took place about early warning indicators. PBW stated that although ‘time to back up’, ‘response times’ and ‘time to treatment’ were all important indicators, further discussion was required on this item. It was agreed that early warning indicators of CBU level should be clearly marked and included on each dashboard.</p> <p>Action PBW to discuss early warning indicators with Locality Directors.</p> <p>SP stated that patient related incidents had increased in September, but had dropped again in October. He confirmed that the figures also included near misses.</p> <p>SP outlined the types of incidents reported and confirmed that there was no discernible pattern to them in the September figures.</p> <p>Following a short discussion it was agreed that, although only the Quality section had been reviewed that day, in future the Committee should receive the whole of the IPR and focus in particular on both the Quality and Workforce sections.</p> <p>Action: SP to circulate whole of the IPR with January meeting papers.</p>	<p></p> <p>PBW</p> <p>SP</p>
<p>9</p> <p>SIGNIFICANT EVENTS / LESSONS LEARNED</p> <p>SP stated that the report provided the Quality Committee with a briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies. The report also focused on actions taken and lessons learned. He further stated that format of the report had been slightly altered since the Quality Committee had last seen it.</p> <p>The Committee considered the new Serious Incidents (SIs): 2012/28858 – the Chairman expressed concern about the length of time it had taken to report the incident as an SI as it was her belief that the member of staff should have immediately self-reported.</p> <p>KW replied that that incident had been reported but had not initially been flagged up as an SI. However, as the person involved was now subject to a police investigation and therefore subject to disciplinary action, the incident was now considered to be an SI.</p>	

	Action
<p>2012/21528 – EB stated that this SI was very concerning.</p> <p>BH stated that the incident had been picked up as part of the EOC review as policy had not been followed and a full investigation had been completed. Lessons learned were now being shared.</p> <p>2012/20378 – the Chairman expressed her concerns about patient conditions and SP replied there were many lessons to be learned from this SI which was currently under investigation.</p> <p>A discussion took place on the top ten incident categories across the Trust. It was agreed that 57 incidents of violence and aggression were unacceptable but it was acknowledged that although the Trust was assiduous in following these up, it struggled to get convictions.</p> <p>ABP expressed concern that in the Complaints and Patient Experience section 5.1, Understanding of the EOC, had not yet been signed off as it had been on-going for 12 months.</p> <p>BH replied that another form of wording had been drafted and the statement was being amended. He further stated that people tended to rush the current statement as they were uncomfortable saying it.</p> <p>Action: BH to ensure revised statement in use by December 2012</p> <p>The Chairman stated that she would like to see more information around end of life issues (5.3), as it was an area which was currently receiving a lot of national attention.</p> <p>ABP stated that the Conveyance of Wheelchair Users issue had been on-going for 2-3 years. The Chairman asked whether she would like to be involved in the review of the Trust Conveyance Policy. ABP confirmed that Hester Rowell had already involved her. It was agreed that there should be a further update at the January meeting.</p> <p>Action: SP to provide update on the Trust Conveyance Policy at January meeting.</p> <p>The Quality Committee noted the contents and supported the actions detailed in the paper.</p>	<p>BH</p> <p>SP</p>
<p>10</p> <p>NICE GUIDELINES IMPLEMENTATION</p> <p>JM stated that the paper provided information and assurance that relevant NICE guidance during the past 12 months had been identified, reviewed and acted upon where deemed appropriate.</p> <p>JM stated that although the policy and procedure for management of the guidance formed part of the recent successful NHSLA Level 1 assessment, the Trust would struggle from a resource capacity going forward so this would be an on-going issue.</p>	

	Action
<p>The Chairman asked how guidance got into the system once it had been identified.</p> <p>JM replied that it was through the Clinical Governance Group (CCG), adding that the guidance did not usually incur costs, as it was mainly about good practice.</p> <p>The Quality Committee accepted the paper as provision of assurance that the Trust had effective processes in place to effectively manage NICE Guidance.</p>	
<p>11</p> <p>MANAGEMENT OF CONTROLLED DRUGS – MID-YEAR REPORT</p> <p>JM stated that the report provided an update and assurance on developments, emerging issues and risks in relation to the management of controlled drugs in YAS.</p> <p>He further stated that the new morphine vial containers had arrived and audit showed that there had been a slow reduction in breakages which now tended to be individual vials being dropped rather than whole boxes.</p> <p>JM added that administrative errors remained high and it was thought that the lack of Ambulance Service-specific stationery was the cause of this. The YAS pharmacist was therefore taking this matter to the next APN meeting.</p> <p>JM reported on arrangements for storage of controlled drugs in the Mass Casualty Vehicles. He noted that they were always behind locked doors in the compound/garage. It was agreed that the drugs would be as safe there as they would be in any other storage facility.</p> <p>The Quality Committee noted the contents of the report.</p>	
<p>12</p> <p>REVIEW OF CARE OF UNDER 2-YEAR OLDS</p> <p>SP stated that the purpose of the paper was to provide an update report on non-conveyance of children under 2 which was one element of the safeguarding children process.</p> <p>The Quality Committee discussed and agreed the current status of each element of the report. It was agreed that the table on page 6 of the report contained useful information and that more detailed data should be provided at the January meeting.</p> <p>Action: SP to provide detailed data re non-conveyance for under-2s following 999 calls in North CBU.</p> <p>The Committee also noted the progress and sharpening focus to specific individuals and accepted the next steps for safeguarding children and the non-conveyance process.</p>	<p>SP</p>

		Action
<p>13</p>	<p><u>ESSENTIAL STANDARDS OF QUALITY AND SAFETY</u></p> <p>OVERVIEW OF TRUST COMPLIANCE SP stated that the report detailed the Trust’s current position in relation to compliance to the CQC Essential Standards for Quality & Safety. In addition, it provided the findings from the recent refresh of the self-assessments to compliance completed by CBUs.</p> <p>The Chairman asked how long it had been since the last CQC visit.</p> <p>KW replied that CQC had visited the Trust in September 2011 and January 2012, adding that there had been no advance warning of the visit.</p> <p>SP stated his belief that a further visit was due before the end of the current financial year and confirmed that the Trust had a new inspector.</p> <p>The Committee considered the latest risk estimates. SP stated that CQC consultation was out at the moment and needed to be circulated for response.</p> <p>Action: KW to circulate CQC consultation document</p> <p>The Chairman stated that she was not happy where there was no data showing on the risk estimates from departments. SP agreed, adding that there should never be insufficient data from management units.</p> <p>It was agreed that the level of visibility of information should be discussed at Operational Managers meetings</p> <p>Actions: PBW/KW to add level of visibility of information to Operational Managers’ meeting agenda</p> <p>SP to take CBU CQC self-assessment compliance report to next meeting of Operations Board and report back to January meeting of the Quality Committee</p> <p>The Quality Committee noted the current developments and was assured with the regard to the compliance management arrangements.</p>	<p>KW</p> <p>PBW/KW</p> <p>SP</p>
<p>14</p>	<p>COMPLIANCE REPORT – EMERGENCY OPERATIONS CENTRE BH presented the latest compliance report for the EOC. Headlines included:</p> <ul style="list-style-type: none"> • EOC was one assessment away from becoming a Centre of Excellence for AMPDS; • A bi-weekly ICT meeting with a set agenda was taking place to discuss hardware and software issues and requirements; • Staffing themes included not regularly hitting 95% of calls being answered within 5 seconds; 	

		Action
	<ul style="list-style-type: none"> • Other efficiency items were to be covered as part of the restructure of EOC; and • All 999 calls were being recorded. <p>The Chairman stated the figures relating to CQC standards needed further interrogation to include numbers as well as percentages.</p> <p>BH stated that PDRs would become part of the new team structure the following year so the percentage should increase. He further stated that sickness was a big issue with Wakefield being higher than York. Despatch and Managers/Team Leaders had relatively low levels but Clinical and EMD were high.</p> <p>In relation to the AQI update calls closed through telephony advice were below the national average but work was underway to increase this percentage. BH added that the Trust was a big outlier in relation to re-contact rates but detailed work had confirmed that 100% of the re-contact rate related to NHS Direct.</p> <p>The Chairman thanked BH for his presentation and update.</p>	
15	<p>EOC INCIDENTS REVIEW UPDATE REPORT</p> <p>SP presented the report, the purpose of which was to provide a progress update and assurance on actions taken following the Emergency Operations Centre serious incidents review.</p> <p>BH reported that the group grievance relating to the introduction of the new Standard Operating Procedure, which included a requirement for team leaders to audit call handlers had been dealt with and was no longer an issue.</p> <p>The Committee noted the progress on actions; supported the content of the EOC Action Plan; and agreed to receive further reports to provide assurance on progress at the next meeting.</p>	
16	<p>GOOD PRACTICE UPDATE (EOC) EOC MANAGEMENT REVIEW, RESTRUCTURE & ROTA REVIEW</p> <p>BH stated that the EOC review was in two stages: the first being a management review; and the second a review of team working and rotas.</p> <p>BH provided a summary of the background to the changes. He stated that as a newcomer, the largest reason for him was the muddled structures although processes were reasonably solid.</p> <p>The drivers for change included: the need for continual performance improvement; the need to improve the culture within EOC; the need to improve quality; the need to increase efficiency and productivity; and the need to deliver a significant CIP.</p> <p>BH stated that the proposal included:</p> <ul style="list-style-type: none"> • the restructure of the management team which needed a leaner structure; 	

	Action
<ul style="list-style-type: none"> • a rota review, which would be a big challenge, particularly around the issue of personal rotas; • team working, the concept of which was being supported generally; reinvestment in front line EOC staff and additional staff; and • a CIP of £1.3m to be delivered over five years. <p>Benefits would include improved performance and patient care; improved quality and lower level risks; financial savings (the £850k spent on overtime during the current year was not sustainable); and the changes in culture should lead to improved morale.</p> <p>General consultation had started on 5 November with the notice on new rotas issued in December 2012. The management review, which commenced on 9 November, would have a 30-day consultation period and realignment was likely to lead to redundancies. During the review period a Q&A document would be sent out each week.</p> <p>PBW confirmed that the new structures and team concept were due to go live on 1 April 2013.</p> <p>SP stated that KDW had been working alongside BH and his team on the action plan attached to Paper 15.</p> <p>It was agreed that BH and KDW should present a joint update in the January meeting.</p> <p>The Chairman thanked BH for his helpful update.</p> <p>Action: BH/KDW to present joint update at January meeting</p>	BH / KDW
<u>GOOD GOVERNANCE</u>	
<p>17 QUALITY GOVERNANCE UPDATE REPORT SP stated that the report provided an update on developments, issues and risks in relation to quality governance.</p> <p>He further stated that a final FT Quality Governance assessment had been arranged with Deloitte with the report due to be received by 21 December.</p> <p>The Quality Impact Assessment of the CIPs had been signed off by the Board on 13 September and the risk around EOC was reducing.</p> <p>Action: SP to re-circulate whole CQUIN document prior to next meeting</p> <p>EB asked how often the QIAs for the CIPs would be re-assessed.</p> <p>KW replied that this was done on a monthly basis by each lead who would then update the template.</p>	SP

		Action
	<p>EB asked when formal decisions were likely to be taken on whether CIPs eg the current sickness CIP would be met or not. The Chairman agreed that a more formal process was required for this type of decision.</p> <p>It was agreed that SP should meet with Rod Barnes to discuss this in more depth and report back at the next meeting.</p> <p>Action: SP to meet with RB re above point and report back at next meeting</p> <p>The Committee noted the developments, issues and risks, outlined in the paper and was assured with regard to the management arrangements and action.</p>	SP
18	<p>MID-YEAR REVIEW OF POLICY/PROCEDURE DEVELOPMENTS</p> <p>SP stated that the purpose of the paper was to inform the Quality Committee of the current position on the management of Trust procedural documents.</p> <p>He further stated that the 50/50 score in the recent NHSLA Level 1 assessment had been very positive and confirmed that all policies relevant to NHSLA standards were up-to-date. Further work was on-going on the policy documents not aligned to NHSLA but the organisation was making good progress in the current review.</p> <p>SP added that an implementation plan for NHSLA Level 2 had been agreed and the Quality Committee would receive a further update in the January meeting.</p> <p>Action: KDW to update the Quality Committee on the NHSLA2 implementation plan in the January meeting</p> <p>The Quality Committee noted the current position and supported the proposals outlined in the paper.</p>	KDW
19	<p>NHS 111 UPDATE REPORT</p> <p>SP stated that the report provided an update and assurance on developments, emerging issues and risks in relation to the mobilisation of the NHS 111 Service.</p> <p>KT stated that NHS 111 was a complex project but a lot of progress was being made both internally and externally.</p> <p>PBW stated that he was expecting a major impact on demand for A&E as feedback from other Trusts had shown up to a 30% increase in demand, especially at the weekend.</p> <p>KT replied that most of the demand should not be new as it should be a combination of 999 and NHS Direct calls.</p>	

	Action
<p>BH stated that if the Trust could get some base data before going live, it could do preparatory work on controlling demand. KT agreed, adding that this was part of the mobilisation process.</p> <p>ABP stated that there was not much reference to patient experience in the report.</p> <p>KT replied that this was currently in its very early stages but would emerge as part of the Clinical Governance process which was starting to unfold.</p> <p>She further stated that the guidance was quite prescriptive with much of the work being commissioner-led adding that there would be a three-stage testing process before 111 went live.</p> <p>KT stated that the Clinical Director was not yet in place so some short term support was being considered for the period leading up to the Christmas period. However, five good candidates had been shortlisted for the post, all of whom lived locally. There were also issues in relation to the practicalities of training the current NHS Direct staff as for example 90% of the 111 nurses would be coming from NHS Direct.</p> <p>The Chairman asked how 111 fitted in with the Corporate Clinical Governance agenda.</p> <p>SP replied that although the organisation needed to play into localised approaches, etc it must still align with its corporate functions and that this was a key part of the planned approach.</p> <p>The Quality Committee noted the update on the 111 service and agreed to receive a more specific briefing on the emerging regional clinical governance structure for the next meeting.</p>	
<p>20</p> <p>HEALTH WATCH UPDATE</p> <p>The Chairman stated that national Healthwatch had appointed a Chief Executive and a new sub-committee of CQC had been set up to look at overall trends and information coming in through the local Healthwatch set up by tenders through local authorities.</p> <p>She further stated that although it was early days for the Health and Well Being Boards local Healthwatch bodies already had a permanent place on the Boards and would be involved in CQC inspections.</p>	
<p>21</p> <p>MAJOR INCIDENT RESPONSE</p> <p>IW stated that the purpose of the report was to update the Quality Committee on the lessons identified following a review of the Independent Panel's findings into the Hillsborough Stadium Disaster which was published September 2012.</p> <p>SP stated that the Trust response to a North of England NHS report gave assurance about the positive developments in major incident response since the disaster.</p>	

	Action
<p>The review also identified a small number of further actions internally and for the wider system that would allow YAS to strengthen existing arrangements.</p> <p>The internal actions were being progressed via the Resilience team and wider recommendations were currently being discussed with other stakeholders and would be reported in a future Board paper.</p> <p>The Chairman asked IW if he would attend the January meeting to provide a final report.</p> <p>Action: IW to attend January meeting with finalised report / action plan</p> <p>The Quality Committee noted the report and action plan contained therein.</p>	IW
<u>WORKFORCE</u>	
<p>22 WORKFORCE UPDATE REPORT</p> <p>Presenting the report on behalf of SM, SOL stated that the report provided an overview of developments, issues and risks in relation to the workforce and set out the current position in order to inform the agenda and work programme of the Quality Committee during 2012/13. She further stated that she would point out the key areas.</p> <p>The NHS Staff Survey for 2012 was underway with monitoring of the progress taking place. The Survey was due to close mid-December with a 39% of surveys having been returned to date.</p> <p>SOL stated that the College of Paramedics draft Curriculum Guidance and Career Framework was being worked through, adding that a report would be presented at a later stage.</p> <p>She further stated that the organisation had started to develop good relationships with LETB and funding for education commissioning requirements for the next five years had been agreed.</p> <p>SOL added that Graeme Jackson was dealing with the procurement process for a single Occupational Health provider organisation for the whole organisation and it had been agreed by TEG that this should be done within the normal YAS procurement process.</p> <p>She further stated that key exceptions to report to the Quality Committee were as follows:</p> <ul style="list-style-type: none"> • Sickness absence levels within the Trust remained above the target of 5.0%. As at the end of September, sickness absence was recorded Trust wide as 6.27%. • Flu vaccination uptake levels were at 10.71% of the total workforce, as at 25 October 2012, against a total uptake level of 21% for 2011. This remained RAG rated as red at present. • The delivery of Clinical Update days as part of the annual education & training plan were currently RAG rated as Red, with only 45.61% compliance as at 18 October 2012. 	

	Action
<p>A discussion took place on how the single Occupational Health provider contract could be utilised to help decrease sickness absence. It was agreed that information about the tenders, etc should be presented to the Board prior to final decisions being made.</p> <p>Action: SM to present Board with paper on OH provider as above</p> <p>The Quality Committee noted the developments, issues and risks as outlined in the paper and agreed the proposed areas for future reporting and focused scrutiny in the Quality Committee during 2012/13.</p>	SM
<p>23</p> <p>CLINICAL INDUCTION AND ANNUAL TRAINING PLAN DELIVERY – PROGRESS UPDATE</p> <p>BW stated that the report intended to outline and review the current progress with the development of clinical induction arrangements and the delivery of the 2012/13 education and training plan.</p> <p>BW stated that because of the Olympics some additional time had been taken out of the current year so training had been delivered over four months instead of the usual five.</p> <p>Compliance rate for clinical updates was 45.61%, as at 18 October 2012 so a refresh of the training plan was required to enable a catch up in the shortfall to take place later in the year.</p> <p>BW added that due to the shortfall in attendance, the number of planned courses and places available on the clinical updates had fallen below the required number. Therefore the Education and Standards Service was currently reviewing the number of courses in the delivery plan, with a view to increasing the number by 21 days, thereby providing additional available courses to help meet end of year compliance levels.</p> <p>EB stated that the report seemed to raise concerns but did not provide any solutions.</p> <p>SP replied that the matter was discussed in detail at the previous week's TEG meeting and concerns were aired about capacity being insufficient to provide flexibility around training dates if people could not attend the revised planned dates. More work was to be done with Operations to match up the two as it had been agreed that this was the area that needed to be prioritised in the training plan.</p> <p>Risk analysis, information about progress made and hot spots information was to be produced for the next TEG meeting.</p> <p>SOL stated that the organisation needed to look at how it planned for training over the next couple of years as it needed to be clearer about training priorities, etc.</p> <p>BW stated that PTS statutory and Mandatory training was progressing well.</p>	

	Action
<p>In addition, practice placement provision, A&E Workforce Plan requirements, Emergency Care Solution (ECS) Training and JRCALC, the revised Guidelines for which were planned for release in early 2013 were also making good progress.</p> <p>The Chairman stated that it was good to see things shaping up and the Quality Committee, having discussed the content and delivery methods outlined in the plan, agreed that it had received assurance about the controls and mitigations in place to ensure high quality clinical skills and education.</p>	
<p>24 CLINICAL LEADERSHIP FRAMEWORK PROGRESS REPORT SP stated that the purpose of the paper was to inform the Quality Committee of progress on the implementation of the Clinical Leadership Framework.</p> <p>He stated that the Clinical Development Manager role was functioning and the clinical supervisors were in post and ostensibly functioning. There were some vacancies, mainly in the East with several in the West but temporary arrangements were in place to cover the roles. SP thanked BW and his team for all of their support.</p> <p>Clinical Leadership training was under way with only three internal courses left to the end of March. Further recruitment (internal and external) was planned in January to fill the remaining vacancies.</p> <p>The Chairman asked whether the new framework was working.</p> <p>SP confirmed that although the organisation was still moving in a positive direction he was not yet happy to let go of the project. The CIP had delivered and was green but the transformational change was not yet complete so the item needed to be kept on the agenda.</p> <p>He noted that the Clinical Development Manager role was definitely working but some changes would be needed to the Clinical Supervisor role. He further stated that delivery was through PBW and the operational team but he was keeping hold of it as a project until it was clear that benefits had been realised.</p> <p>SP added that he was hoping to have had a dashboard of indicators to present at the meeting but certain areas of data were still required so he would bring the dashboard to the January meeting.</p> <p>Action SP to bring dashboard of indicators to January meeting</p> <p>The Quality Committee noted and was assured with regard to the implementation of the Clinical Leadership Framework.</p>	<p>SP</p>
<p><u>RISK MANAGEMENT</u></p>	
<p>25 RISK MANAGEMENT UPDATE SP stated that the report provided an update and assurance on developments, emerging issues and risks in relation to risk management.</p>	

		Action
	<p>He stated that KDW and his team had been pursuing the Data Flagging Process with the operational team to get movement but work on the other key risks was progressing well.</p> <p>Newly emerging risks and issues included local Risk registers and Datix training. All directorates now had risk registers so it was a case of fine tuning them and ensuring that they remained current. In relation to Datix training, the Operational Board was working with managers who needed training before the system went live.</p> <p>The Chairman complimented KDW on the standard of his paper and thanked SP for guiding the Committee through it.</p> <p>The Quality Committee noted the current position and was assured in regard to the effective management of risks.</p>	
26	<p>NHSLA LEVEL 1 ASSESSMENT REPORT</p> <p>SP stated that the report provided information and assurance following assessment against Level 1 of the Risk Management Standards for Ambulance Trusts.</p> <p>He congratulated KDW and the team for their hard work which had led to the Trust achieving full compliance with NHSLA Level 1.</p> <p>The Quality Committee noted and accepted the contents of the report and also passed on their congratulations.</p>	
27	<p>INFORMATION GOVERNANCE (IG) – MID-YEAR REPORT</p> <p>The Chairman invited CS to guide the Quality Committee through the report which provided an update and assurance on developments, emerging issues and risks in relation to Information Governance.</p> <p>CS stated that the Information Governance Toolkit was the key mechanism against which NHS organisations were assessed each year. The Trust had a current satisfaction rating of 67% which was a big undertaking to maintain but CS had identified people to take responsibility for each of the 35 areas covered by the Toolkit.</p> <p>She further stated that the East Coast Audit Consortium would be auditing 12 of the IG Toolkit requirements in November and a number of these were requirements had not been assessed before.</p> <p>CS outlined the IG Annual Work Plan priorities, adding that as some areas needed to improve they were already in the work plan. She further stated that, as mandatory IG training would be needed, she would need to discuss with SM the combination of training methods that could be utilised to deliver the training.</p> <p>The Chairman thanked CS for giving the Quality Committee a more in depth understanding of the Trust's IG.</p> <p>SP stated that as the Trust's SIRO he was much more confident that the organisation was making good progress than he had been the previous year.</p>	

		Action
	<p>EB stated that it had been good to see the outcome of the internal audit.</p> <p>CS replied that she felt confident that by the end of January the organisation would have made further progress and she looked forward to seeing everyone again in May.</p> <p>The Quality Committee noted the current position and supported the actions outlined in the paper.</p>	
	<u>RESEARCH GOVERNANCE</u>	
	There were no Research Governance agenda items for this meeting.	
	<u>ANY OTHER BUSINESS AND DATE OF NEXT MEETING</u>	
28	ANY OTHER BUSINESS There was no other business.	
29	ISSUES FOR REPORTING TO THE BOARD <ul style="list-style-type: none"> • SP would be attending the Audit Committee meeting and would report on behalf of PD; and • Items highlighted in the meeting would be summarised by SP in a paper. 	
30	REVIEW OF COMMITTEE WORK PLAN A full review would be carried out at the January meeting.	
31	REVIEW OF MEETING ACTIONS AND QUALITY REVIEW OF PAPERS <p>SP stated his belief that the quality of the EOC presentation was very good and that he was pleased with the standard of the majority of the papers. Other members concurred with this.</p> <p>The Chairman thanked everyone for attending the meeting.</p> <p>It was agreed that the next meeting should commence at 0900 instead of 0930.</p> <p>The meeting closed at 1735 hours.</p>	
32	Date of next meeting The next meeting will be held on Tuesday, 8 January 2013 at 0900 hours in Kirkstall & Fountains, Springhill 1.	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**