Yorkshire Ambulance Service NHS
NHS Trust

# Quality Committee Meeting Minutes

**Venue:** Boardroom, Springhill 2, WF2 0XQ
**Date:** Thursday, 6 February 2014
**Time:** 0830 hours

**Chairman:** **Pat Drake**

**Attendees:**

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| Pat Drake | (PD) | Deputy Chairman/Non-Executive Director |
| Dr Elaine Bond | (EB) | Non-Executive Director |
| Erfana Mahmood | (EM) | Non-Executive Director |
| Steve Page | (SP) | Executive Director of Standards & Compliance |
| Ian Brandwood | (IB) | Executive Director of People & Engagement |
| Dr Julian Mark | (JM) | Executive Medical Director |

**In Attendance:**

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| Barrie Senior | (BS) | Non-Executive Director (Observer) |
| John Nutton | (JN) | Non-Executive Director – Designate (Observer) |
| Andrea Broadway-Parkinson | (ABP) | YAS Expert Patient |
| Sheila O'Leary | (SOL) | Associate Director, Organisational Effectiveness & Education |
| David Williams | (DW) | Deputy Director of Operations |
| Dr Steven Dykes | (SD) | Associate Medical Director |
| Karen Warner | (KW) | Associate Director of Quality |
| Clare Ashby | (CA) | Head of Safety |

**Apologies:**

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| Russell Hobbs | (RH) | Executive Director of Operations |
| Dr Dave Macklin | (DM) | Deputy Medical Director |
| Ben Holdaway | (BH) | Locality Director – EOC |
| Anne Allen | (AA) | Director of Corporate Affairs & Trust Secretary |

**Minutes produced by:** (MG) Board Support Officer

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| | The meeting commenced at 0830 hours. | |
| **1** | **Introductions and Apologies**<br>PD welcomed everyone to the meeting.<br><br>She stated that there would be no pre-meeting presentation that day, as it was a long agenda and she wanted to ensure that there was sufficient time to cover all of the Committee's business. There would, however, be a presentation prior to the April meeting.<br><br>Apologies were noted as listed above. | |

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| **2** | **Review of Members' Interests**<br>Declarations of interest would be noted and considered during the course of the meeting.<br><br>Item 6.1, Clinical Quality Strategy – PD declared a conflict of interests in relation to her role on Bradford CCG during the discussion about social care monies. | |
| **3** | **Chairman's Introductions**<br>PD announced the good news that YAS had won a Patient Experience Network National Award in the 'measuring, reporting and acting' category in recognition of its patient survey programme at the previous day's Award's ceremony in Birmingham and congratulated those involved on their success<br><br>KW stated that it had been very enjoyable event. Head of Stakeholder Engagement, Hester Rowell had led on a lot of the work and Quality Co-ordinator, Anne-Marie Haigh had driven much of it.<br><br>The Committee acknowledged that further progress was still required and supported the team in its on-going developmental work.<br><br>PD stated that a one-off full day assurance session had been arranged for 1 April with a focus on quality and clinical governance in operational service lines. JM, RH and SP were due to attend as the Executive representatives with the Chairman and herself in attendance as NEDs.<br><br>There would be input from the senior management leads from each Locality/operational service line during the day and the on-going assurance process would then be picked up as part of the work plan. | |
| **4** | **Minutes of the Meetings held on 12 November 2013**<br>The minutes of the Quality Committee meeting held on 12 November 2013 and the joint meeting with the Finance & Investment Committee held on 12 November 2013 were approved as a true and accurate record of the meetings subject to the following amendments.<br><br>**Quality Meeting, 12 November 2013**<br>Page 18, second action – reworded to state 'KW to share information with Board about on-going projects and plans for 2014/15.'<br><br>**Joint Meeting with Finance & Investment Committee, 12 November 2013**<br>Page 5, bullet point half way down page altered to state: 'Emergency Technician role to be phased out through a combination of factors.' | |
| **5** | **Action Log**<br>The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in green. | |

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| | **157/2013 – Clinical Quality Strategy/Quality Governance Update**<br>KW confirmed there had been no incidents reported in relation to patients being discharged out-of-hours.<br><br>PD asked whether the Trust was happy that hospitals were assessing patients as fit for discharge prior to discharge.<br><br>SP replied that a process was in place to ensure that this happened, adding that the Trust actively sought assurance from the booking Trust that the discharge was appropriate when transport was booked between 9pm and 9am.<br><br>JM confirmed that a formal checklist, to be signed by the staff discharging the patient as safe, was currently being developed to provide YAS with a formal record that suitable checks were taking place prior to patients being discharged. Action closed.<br><br>**162/2013 – Locality Assurance Report – PTS**<br>SP stated that some issues would be covered during the IPR session. It was agreed that a further written update report should be provided at the April Quality Committee Meeting following the service line assurance session. Action remains open.<br><br>**Action:**<br>**A further update report re PTS to be provided at the April meeting following the service line assurance session.**<br><br>**166/2013 – Chairman's Introduction**<br>JM confirmed that a package of Best Practice event presentations was being compiled and an Intranet link would be shared when it was complete. Action closed.<br><br>**167/2013 – Chairman's Introduction**<br>Item covered on meeting agenda. Action closed.<br><br>**170/2013 – Action Log**<br>Berwick Report had been added to Board forward plan. Date to be confirmed. Action closed.<br><br>**171/2013 – Clinical Quality Strategy/Quality Governance Update**<br>SP stated that a discussion had taken place in TEG re the future delivery of PTS Team Briefs. It had been agreed that invitations would go out more widely and there had already been good representation from PTS colleagues at the recent York and Leeds sessions. Action closed.<br><br>**173/2013 – Clinical Quality Strategy/Quality Governance Update**<br>Arrangement of Listening Watch visits remains on-going. Action to remain open until April 2014. | **SP** |

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| | **174/2013 – Clinical Quality Strategy/Quality Governance Update**<br>Arrangement of Listening Watch visits remains on-going. Action to remain open until April 2014.<br><br>**175/2013 – Clinical Quality Strategy/Quality Governance Update**<br>Complaints process discussed with JN outside of meeting. Action closed.<br><br>**176/2013 – Review of Key Quality Indicators (IPR) / Action**<br>Report produced re ePRF training plans. Action closed.<br><br>**177/2013 – Review of Key Quality Indicators (IPR) / Action**<br>JM confirmed that figures received for August had improved to 61.9% although YAS still lagged behind the national average.<br><br>PD asked about the accountability of individual Directors re checking the accuracy of data.<br><br>SP replied that each department and service line had its own dashboard which related to the data in the IPR and this information was considered at SMG and other groups.<br><br>JM stated that the current figures on the IPR were out of date but going forward the Clinical Audit team would ensure that information was kept up to date and the page on the IPR would become more user-friendly. Action closed.<br><br>**178/2013 – Review of Key Quality Indicators (IPR) / Action**<br>IB stated that the early teething problems re the new Occupational Health contract had been rectified, although there had not yet been time to pull the information together in relation to stress absence.<br><br>He further stated that the draft Health and Wellbeing statement should be ready for the next meeting and the report could cover both the statement and a stress update.<br><br>PD confirmed that she would be happy with this. Action closed.<br><br>**Action:**<br>**IB to provide Health and Wellbeing update at April meeting which covers both the draft statement and an update on work under way to combat stress.**<br><br>**182/2013 – Significant Events and Lessons Learned**<br>Estimated closure date changed to April 2014. Action remains open.<br><br>**184/2013 – Red Plan**<br>DWi confirmed that progress had been made. A clear plan was in place and operational measures, including daily conference calls, were taking place. A common sense approach was being taken in relation to working between directorates and there was recognition that not every patient needed two resources. | **IB** |

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| | Red Performance, which had deteriorated slightly in December, was back on track in January. Action closed.<br><br>**186/2013 – Locality Assurance Report – EOC**<br>Estimated closure date changed to April 2014. Action remains open.<br><br>**187/2013 – Locality Assurance Report – EOC**<br>Estimated closure date changed to April 2014. Action remains open.<br><br>**192/2013 – Annual Education & Training Plan Delivery – Progress Update**<br>SOL confirmed plans were in place to ensure that, subject to sickness absence, etc all staff would have attended a Clinical Update session by the end of March. The following year's training plan would contain a rolling programme to ensure that no one was out of time. Action closed to be revisited if issues arose during the course of the year.<br><br>**194/2013 – Clinical Leadership**<br>DWi confirmed that everyone was now in post and six of the Clinical Supervisor posts were development posts. Action closed.<br><br>**195/2013 – Clinical Leadership**<br>PD asked how the geographical spread of development posts would be managed going forward.<br><br>DWi replied that it was a complicated situation and work remained on-going. Action remains open until April 2014. | |
| **6** | **CLINICAL QUALITY PRIORITIES** | |
| **6.1** | **Clinical Quality Strategy/Quality Governance Development Plan Update**<br>PD noted the lack of detailed information about previous scrutiny on the front cover of the report.<br><br>EB stated it was particularly important to note where reports had been discussed, as it sometimes felt as if a paper was coming for more of a decision than assurance yet it was unclear at which other meetings it had been debated.<br><br>SP stated that it was unlikely that reports in their current format would have been discussed in many, if any, other forums, as quite a few were compiled after going through a variety of groups across the Trust's governance system. He noted therefore that the front sheet was not currently helpful in providing a full audit trail.<br><br>The Committee agreed that clarity was required and that SP should liaise with Anne Allen (AA) as Trust Secretary to amend the front cover.<br><br>**Action:**<br>**SP to liaise with AA re redesign of cover page of report template.** | **SP** |

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| | KW provided an update on progress, issues and risks in relation to the delivery of the Quality Governance Development Plan, including an update on CQUIN and Quality Account progress. She confirmed that progress against the Quality Governance Development Plan was on track and progressing in line with the timescales.<br><br>SP confirmed that the CQC actions in relation to Medicines Management were complete, following the external audit of medicines' policies and procedures the previous day.<br><br>PD stated that the Chairman was keen to progress the work on a reciprocal peer review of the YAS complaints system so it had been agreed that ABP and she would initially carry out an internal peer review of the system.<br><br>In relation to CQC Outcome 14, Supporting workers, KW confirmed that a number of actions had already been completed.<br><br>SP stated that the Executive Directors were currently reviewing and signing off the CQC action plan to clarify what remained to be done.<br><br>PD stated that it would be useful for the Quality Committee and Board to see some of the outcomes of the Pulse surveys.<br><br>IB replied that further work was required to consider systematic use of Pulse surveys, as it was his belief that they could be used much more as an engagement tool.<br><br>It was agreed that SOL would present a report on how Pulse surveys were going to be used going forward at the April meeting.<br><br>**Action:**<br>**SOL to present update report on current and future use of Pulse surveys in the organisation at the April meeting.**<br><br>IB confirmed that the Staff Survey results would be available to share at the April meeting.<br><br>**Action:**<br>**IB to present Staff Survey results at April meeting.**<br><br>KW stated that the 'Being Open' Policy had been revised to include the recent changes and was approved at the December SMG meeting. This included the Duty of Candour information coming out of the Francis Report.<br><br>YAS was making good progress against the 2013/14 A&E CQUIN programme, collaborative working with care homes. A reporting framework had been developed and was showing a significant, 16%, reduction in calls from the top 100 care home year to date. | **SOL**<br><br>**IB** |

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| | KW confirmed that the Trust had undertaken a range of activities to mark National Dignity in Action Day the previous week.<br><br>PD thanked the Trust's Expert Patient, ABP, for helping out and tweeting on behalf of YAS.<br><br>KW confirmed a presentation about Dignity in Action would be presented at the start of the March Public Board meeting.<br><br>KW outlined details of the timetable for development of the Quality Account, which was due to be published on 30 June 2014<br><br>Feedback from the consultation exercise conducted in December had shown that stakeholders were keen to see YAS continue to focus on the patient experience and getting to patients as quickly as possible, but also there was interest in the Estates and Fleet strategy.<br><br>SP confirmed that no formal feedback had been received to date following the quarter three A&E submission on 31 January 2014.<br><br>Challenging discussions were on-going with the Commissioners in relation to the CQUIN schemes for 2014/15 with the Friends and Family test being the only national CQUIN applicable to ambulance services.<br><br>PD suggested that the risks around the CQUINs report needed to go to the Audit Committee for consideration.<br><br>**Action:**<br>**Risks around CQUINs report to go to Audit Committee for consideration.**<br><br>PD stated that the 'Better Care' social care monies in relation to the integration of care could have potential opportunities for YAS and declared a conflict of interests in relation to her role at Bradford CCG.<br><br>SP stated that actions had been agreed as part of the Urgent Care Plan in relation to engaging with social care initiatives.<br><br>KW stated that the A&E and PTS CQUINs were reported on a quarterly basis to the Commissioners.<br><br>A meeting had been held on 14 January with the CQC to discuss progress against the action plan. Regular meetings were being held with the TDA to discuss and monitor the FT trajectory and a version of the Quality Governance Development Plan had been shared with the TDA in January 2014 with an updated version ready to go shortly.<br><br>SP stated that the Trust believed it was now compliant with CQC Outcome 9, Management of Medicines but there remained work to do in relation to Outcome 14, Supporting workers, with about 75% of the issues having been addressed. | **SP** |

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| | The deadline for completion of actions, particularly those around Clinical Leadership staff, had been extended to June.<br><br>The Committee considered the Quality Governance Development Plan.<br><br>PD and EB both agreed that a narrative was required, either in the body of the report or in the comments section of the relevant table, following completion of an action in order to 'justify' it turning blue.<br><br>**Action:**<br>**SP to consider best place in the report to include comments about completed actions.**<br><br>SP confirmed that Internal Audit (IA) was due to assess the Quality Governance Framework during March to update the work previously carried out by Deloitte. This would be a straight follow up exercise.<br><br>PD asked whether IA would produce a report.<br><br>SP confirmed that his intention was that there would be a report as it would need to be used externally with the TDA.<br><br>**Action:**<br>**SP to provide Committee with copies of IA report on the Quality Governance Framework follow-up work at a future meeting.**<br><br>**Approval:**<br>**The Quality Committee noted the progress, issues and risks as outlined in the paper and was assured with regard to the management of the Quality Governance Action Plan, including CQUINs and Quality Account.** | **SP**<br><br>**SP** |
| **6.2** | **Review of Key Quality Indicators (IPR) / Action**<br>KW provided an update of the key indicators reported in the Quality and Workforce sections of the Integrated Performance Report (IPR). She stated that there was nothing specific to highlight.<br><br>JM stated that there had been an increase in morphine vial breakages in December. The introduction of the new standard operating procedure meant that morphine vials were physically put in a safe at the end of a shift and collected at the start of the next shift ie there was more transport of morphine and therefore more breakages.<br><br>As Accountable Officer, JM could accept that although more vials were being broken, they were being dropped with an audit trail of when and how this was happening.<br><br>PD agreed that it was helpful to have the reasons for the breakages.<br><br>JM stated that mitigations such as the placement of rubber mats were now in place to help prevent future breakages. | |

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| | IB stated that the new sick absence policy, which should have a positive impact on current sickens levels had been agreed with Unison to go live on 10 February.<br><br>PD asked whether information was available about the Friends and Family test results, which were currently going in the wrong direction.<br><br>SP replied that it was currently hard to provide definite reasons for the results, as the data fluctuated so much, adding his belief that a process could be drafted to define the trigger for a follow up.<br><br>It was agreed that SP and his team should work on this process and bring a report back to a future meeting.<br><br>**Action:**<br>**SP to work on process to define the trigger for a follow up of negative Family and Friends test outcomes to bring back to the June meeting.**<br><br>PD requested an update on Freedom of Information request outliers.<br><br>IB stated that, for a brief period of time, where an appropriate resource was not in place, it had proved difficult for the Trust to keep up with its FOI requests. However, part of Hester Rowell's role was to oversee the process and backed by IB and SP she was working hard to clear the backlog.<br><br>It was agreed that IB would provide an update at the next meeting.<br><br>**Action:**<br>**IB to provide update on processing of FOI requests at next meeting.**<br><br>PD was particularly concerned about the fact that 14 people had left the organisation during the past 12 months citing lack of opportunity as the reason. She requested information about what posts had been vacated, what this meant in relation to succession planning, etc.<br><br>It was agreed that IB should provide a report on exit interviews at the next Quality meeting.<br><br>**Action:**<br>**IB to present a report on the reasons given for people leaving the organisation at the next Quality meeting.**<br><br>PD noted that sickness absence levels were improving but expressed concern that musculo-skeletal injuries continued to account for almost 40% of sickness absence.<br><br>As the number of claims continued to rise, PD requested a report which demonstrated what YAS was doing in terms of staff support. | **SP**<br><br>**IB**<br><br>**IB** |

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| | If the Trust could evidence that it was doing everything it could to support staff, it would help in legal claims.<br><br>CA stated that the new Health and Wellbeing Officer was working on the introduction of a fitness assessment for new members of staff.<br><br>It was agreed that all actions currently being taken to support staff to improve sickness absence levels should be wrapped up into one report to be presented by SOL at the April meeting.<br><br>**Action:**<br>**Report re actions being taken to support staff to improve sickness absence levels to be presented at April meeting.**<br><br>JM confirmed that early issues relating to the strength of zips had been resolved and the new lightweight response bags were being rolled out. The bags were being well-received, as was the clinical rationale for the decisions taken to slim down the contents of the bags.<br><br>CA confirmed that this had led to a two-week delay but although the completion date was not yet known, the roll out was now going smoothly.<br><br>EB stated her belief that more commentary around reasons for and actions being taken to reduce sickness levels was required in the IPR, as it was an area of significant importance to the Trust. For example, 111 levels should be separated out in the data.<br><br>SP agreed to look into this, adding that an active management plan to get sickness levels under control was in place within 111 and several people on long term sick had already left the organisation.<br><br>**Action:**<br>**SP to look into refining sickness absence reporting section of IPR and report back to the next meeting.**<br><br>EB stated that, in 3.7 and 3.8, the staff related incidents totals had risen significantly and did not reflect the previous year. She asked what the Trust was doing to support staff.<br><br>PD wondered whether the increase was due to better reporting in the new Datix system.<br><br>CA stated that staff were encouraged to use the internal cameras in the cabs if they felt threatened but it was down to individuals whether or not they were used. There was also support in the form of training in conflict resolution, verbal aggression, etc and the opportunity to go through the staff welfare route afterwards if they needed more support.<br><br>PD stated her belief that the Trust needed to do more around this topic and asked whether it was possible to split out the information to identify what was ‘violence’ and what was ‘verbally aggressive’ behaviour? | **SOL**<br><br>**SP** |

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| | CA replied that there would be more detail in the quarter 3 report which she would provide at the next meeting.<br><br>**Action:**<br>**CA to provide an update on staff security at next meeting**<br><br>**Approval:**<br>**The Quality Committee considered the exceptions in the IPR and was assured, following questioning, with regard to the management action planned and under way.** | **CA** |
| **6.3** | **Significant Events and Lessons Learned**<br>SP presented an update on specific events and lessons learned across the Trust for the period 1 November 2013 to 16 January 2014.<br><br>PD stated that the report contained much better information; the dates had improved and gaps in information had been filled.<br><br>SP stated that work remained on-going but the internal management process was now much more reliable, partly as a result of the on-going emphasis on the importance of reporting incidents. The Trust had also emphasised the importance of the timeliness of their replies to the Commissioners.<br><br>KW stated that detailed work was taking place in relation to falls within the PTS service but the Trust was still discussing this as a potential CQUIN with Commissioners.<br><br>PD asked whether there had been any incidents to date as a result of someone refusing to wear a seat belt.<br><br>CA replied that there had been none to date. The new instruction to refuse to convey anyone refusing to wear a seatbelt would need to be monitored but the instruction had removed a dilemma from PTS staff.<br><br>CA further stated that work was currently under way with Fleet as there had been some near misses due to straps needing to be tightened. She added that patient safety would become a standing agenda item at all future operational meetings.<br><br>PD asked whether patient safety was covered at all locality meetings.<br><br>DWi replied that it had been an ad hoc item until recently but the intention was to make its consideration more structured going forward<br><br>PD stated her belief that further consideration of how services used complaints to learn and how that learning was put into practice was required.<br><br>When considering claims it was noted that a small number of ‘slips and trips’ claims had been received by the Trust. | |

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| | As reported previously the Trust did not have a procedural document in place for premise gritting procedures and the NHSLA advice was to implement a procedural document at the earliest opportunity to demonstrate that the Trust had taken reasonable steps to minimise the risk of injury to staff. The Estates Department was leading on production of the procedure.<br><br>SP confirmed that the 5th Hillsborough pre-Inquest review had taken place on 5 February. A detailed discussion had taken place on the sensitive issue of whether the influence of alcohol should be considered as part of the forthcoming Inquests.<br><br>PD placed on record her appreciation of EM's input into the on-going Hillsborough work.<br><br>**Approval:**<br>**The Quality Committee noted the content of the report and supported the actions detailed in the paper.** | |
| **6.4** | **Claims and Inquests Report**<br>SP provided the Quality Committee with an update on the Q3 2013/14 position on claims and inquests and their future management.<br><br>PD stated that, looking at the information on the cover sheet, it seemed that this report had not been considered in any other forum which was a concern, as it contained some quite serious information.<br><br>JM replied that the information was reviewed fortnightly at the Incident Review Group (IRG) on the action log but IRG did not receive an actual report as outcomes were fed into the lessons learned report.<br><br>PD asked whether F&IC had seen the report as significant monies were involved. JM replied that claims were discussed at Board.<br><br>PD acknowledged the fact that their agendas were already very full but queried whether the report should go to TEG or SMG, as it contained such important information.<br><br>EM asked what the Trust did with the information. It was her belief that it needed robust review, consideration of investigation timelines, etc and she was not yet sure that the organisation had a grip on this.<br><br>It was agreed that SP should discuss the most appropriate forums for consideration of the report with the Chief Executive.<br><br>**Action:**<br>**SP to discuss the most appropriate forums for consideration of the Claims and Inquest report with the Chief Executive.** | **SP** |

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| | **Approval:**<br>**The Quality Committee noted the contents of the report; was assured that claims and inquests were effectively managed and approved the next steps.** | |
| **6.5** | **Management of Complaints and Concerns**<br>SP presented an update to provide assurance regarding the effectiveness of the system for managing complaints and concerns and to report on current issues, lessons and risks. It was noted that much of the information had already been covered in 6.3.<br><br>PD noted that the most frequently occurring source of attitude complaints / concerns related to the way in which patients were moved. She stated that this was a serious professional issue and staff needed to acknowledge they did not always know what was best for patients.<br><br>SP stated the report of the Clwyd/Hart national review had been published. Although the review was focused on acute hospitals, the findings are equally relevant to the ambulance sector.<br><br>There were three groups of recommendations which related to the complaints function and one for whistleblowing. These groups were:<br>• Improving the quality of care;<br>• Improvements in the way complaints are handled;<br>• Greater perceived and actual independence in the complaints process.<br><br>KW outlined the actions currently being taken by Jacqueline Taylor (JT), the new Patient Relations Manager to take into account the recommendations of the review.<br><br>She stated that there was currently a corporate risk regarding “failing to learn from patient”. JT was reviewing complaints and risks and a peer review was due to be undertaken by PD and ABP.<br><br>KW further stated that these actions; the appointment of JT; and the strengthening relationship with operational teams served as mitigations for the above risk.<br><br>EM requested an update on resourcing issues.<br><br>SP replied that in the short term the Trust would need to increase the Hillsborough resource. Discussions were also under way about the function and size of the Trust’s legal services team and the need to develop the members of that team as legal services was a growing area of activity.<br><br>JM stated that the new 28 day turn around rules for Coroner’s investigations would put a huge amount of pressure on the people doing those pieces of work. | |

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| | PD stated that a lot of discussion would be required outside the meeting but the item should remain on the Quality Committee agenda.<br><br>She further stated that it would be useful to receive a report at Board about the Clwyd report, the actions that the Trust was taking in reviewing its current processes, etc.<br><br>PD asked what would trigger a policy to go to Board for sign off.<br><br>SP replied that generally if there was an external requirement to go to Board then this would be the default position although there would be exceptions which would be agreed on a case by case basis.<br><br>It was agreed that PD should discuss the criteria for Board sign off of policies with the Chairman.<br><br>**Action:**<br>**PD to discuss criteria for policy sign off in Board with Chairman**<br><br>**Approval:**<br>**The Quality Committee noted the issues that had been raised in the report and was assured that the next steps were sufficient in response to the recommendations of the Clwyd/Hart review to maintain an effective complaint handling system.** | **PD** |
| **6.6** | **Community First Responder (CFR) Scheme – Actions Arising from Internal Audit Report**<br>The Quality Committee was provided with an update on the progress of actions as detailed in the CFR internal Audit Report.<br><br>DWi stated that actions in sections 2, 3, 6, 7 and 10 were complete and milestones were in place for the completion of the remaining actions.<br><br>EB asked why the actions in section one were scheduled for a March 2014 completion when they were generally administrative actions.<br><br>DWi replied that he would get an update and feed back at the next meeting.<br><br>**Action:**<br>**DWi to provide further update on IA action plan at next meeting.**<br><br>EB stated her belief that section four seemed too light touch which was a cause for concern.<br><br>Concern was expressed about the large number of inactive volunteers and a discussion took place about triggers to remove them from the register, actions being taken to recruit new volunteers, etc.<br><br>It was agreed that IB should provide a report about the Trust's current volunteer policy to the next meeting. | **DWi** |

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| | **Action:**<br>**IB to provide a report about the Trust's volunteer policy at the next meeting.**<br><br>**Approval:**<br>**The Quality Committee noted the update and progress made in the action plan and sought clarification as appropriate.** | **IB** |
| **6.7** | **Management of Controlled Drugs**<br>JM and SD provided an update and assurance on developments, emerging issues and risks in relation to the management of controlled drugs in YAS and the new Standard Operation Procedure.<br><br>It was agreed that JM should explain the contents of the cover sheet with SD for future reports.<br><br>**Action:**<br>**JM to outline contents of report cover sheet with SD.**<br><br>JM confirmed that the new Management of Controlled Drugs Standard Operating Procedure had been implemented and the revised station and vehicle books were in place.<br><br>He stated that Ketamine and Midazolam had been in use by Yorkshire Air Ambulance, and Hazardous Area Response Team Paramedics since February 2013 and an audit had been completed into the safety and frequency of use. Ketamine, which had been used on 45 occasions since launch without any reported patient safety incidents, had proved to be a safe and effective analgesia for trauma patients.<br><br>It was confirmed that ABP had joined the Medicines Management Group in terms of clarity and assurance.<br><br>JM stated that a more general medicines management update would be provided to the Committee periodically.<br><br>**Approval:**<br>**The Quality Committee received the report and noted its contents.** | **JM** |
| **6.8** | **Sub-Contractor Governance**<br>KW outlined the recent review of governance arrangements for subcontractors delivering direct patient care and reported where the process had been strengthened.<br><br>She stated that the Contractor Control Policy was up to date and had been approved by SMG in November 2013. A Sub-Contractor Governance task and finish group had been established and KW outlined the membership of the group.<br><br>The procurement policy was currently being worked on and the governance checklist in use for the tender process of sub-contractors had been reviewed. | |

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| | It had been noted that some of the criteria were not applicable to taxi providers and additional items had been added to the checklist following input from a number of people.<br><br>EM asked where legal rigour was applied, how and whether some level of rigour would always be applied.<br><br>KW replied that this was part of the procurement policy which contained details of the rigour around the tendering process.<br><br>EB stated that whether legal needed to look at a contract was linked to the SFIs and the value of the contract.<br><br>EM stated she would appreciate a discussion about sub-contractor governance at Audit Committee.<br><br>**Action:**<br>**SP to liaise with BS re possible discussion about sub-contractor governance at a future Audit Committee meeting.**<br><br>A discussion took place about appendix one, the sub-contractor process.<br><br>PD asked whether retrospective checking would take place of the existing contracts.<br><br>It was noted that the clinical governance part of the process would need to come to Quality Committee and the financial aspect would need to go to F&IC.<br><br>ABP stated that the patient perspective was implicit in the chart asked whether it needed to be more explicit.<br><br>It was agreed that various amendments would be needed and that KW should reconsider the process. The revised process would come back to the April Quality Committee meeting as part of the action log review.<br><br>**Action:**<br>**KW to amend sub-contractor process and bring back to April Quality Committee meeting as part of the action log review.**<br><br>**Approval:**<br>**The Quality Committee noted and accepted the revised process subject to the above amendments and was assured that robust governance arrangements were in place when subcontractors were used for direct patient care and transport.** | **SP**<br><br>**KW** |
| **6.9** | **CIP Quality Impact Assessment (QIA) Review**<br>KW presented a paper, the purpose of which was to:<br>• Assure the Quality Committee of the progress which has been made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans. | |

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| | • Provide an opportunity for the Quality Committee to review and agree the risks and mitigations identified through the Quality Impact Assessment process.<br>• Report on the development and use of early warning indicators relating to the safety and quality of services.<br><br>She stated that a number of the CIP schemes related to developments within the workforce so there was a risk in relation to staff engagement caused by the potential to impact on the terms and conditions of the workforce. A formal consultation period had been completed, supplemented by a programme of direct engagement with managers and staff to outline the key elements of Trust strategy.<br><br>Key risks to quality and safety were recorded in the individual QIA forms. The key schemes that currently posed a risk were:<br>• Reduced overtime/A&E skill mix/Removal of rest break payments and AVP;<br>• Sickness absence;<br>• PTS subsistence payments/transformational work.<br><br>Appendix 1 was the updated dashboard and KW stated that there was nothing in particular to highlight.<br><br>EB stated that it was a good update and congratulated KW on her management of the process.<br><br>**Approval:**<br>**The Quality Committee was assured with regard to the current position of the QIA monitoring; noted the implementation and progress of the early warning indicators; and reviewed the risks and mitigations identified through the Quality Impact Assessment process.** | |
| **6.10** | **Service Transformation Programme Update**<br>SP provided an update on developments, issues and risks in relation to the Service Transformation Programme.<br><br>He stated that there had been a lot of lessons learned as a result of the previous year's service policy deployment and reporting framework and outlined progress against the milestones on the dashboard.<br><br>SP stated that with smaller numbers of high priority projects; greater clarity of deliverables; and work on-going to improve the reporting process, etc things should continue to improve in the following year.<br><br>SP further stated that planning work had been carried out around the production of the business plan which would be discussed in detail at the February BDM meeting.<br><br>JM stated that a regional Urgent Care network was currently being established with the aim of having its first meeting by the end of March. | |

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| | **Approval:**<br>**The Quality Committee noted the developments, issues and risks as outlined in the paper and was assured with regard to the Transformation Programme management arrangements and action.** | |
| **6.11** | **Bright Ideas Scheme Update**<br>SOL provided the Quality Committee with an update about the Bright Ideas scheme and progress to date. She provided several examples which gave a flavour of some of the ideas that had gone through in the first year.<br><br>SOL stated that 202 ideas had been received to date. The suggestions received ranged from: simple and easy to action; to those which were more complex and longer term which needed a business case; to ideas that were already in train.<br><br>SOL confirmed that an end –of-year review would take place.<br><br>**Approval:**<br>**The Quality Committee noted the progress and approved the actions required to further develop the management of the scheme and adoption and implementation of ideas.** | |
| **7** | **<u>WORKFORCE</u>** | |
| **7.1** | **Workforce Update Report**<br>IB provided an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing and invited questions from those present.<br><br>IB outlined the various options available in relation to the outcome of the national Unsocial Hours Deductions discussions. He was not optimistic that agreement would be reached for any implementation prior to April which could potentially cost the Trust a lot of money.<br><br>PD stated that she struggled to understand why ambulance staff were not happy to have the same arrangements as the rest of the NHS.<br><br>She further stated that the fact that the Trust had become the first Trust in the country to receive the 'Working to Become Dementia Friendly' recognition symbol from the Dementia Action Group for Yorkshire & Humber was a good news story and something to be proud of.<br><br>It was agreed that the key risks issues of: BAF 3a/CRR 103; BAF 6a/CRR39; and BAF 6b/CRR 109, should be taken forward to the Audit Committee.<br><br>**Action:**<br>**Key risk issues of: BAF 3a/CRR 103; BAF 6a/CRR39; and BAF 6b/CRR 109, to be taken forward to the Audit Committee via the BAF report paper.** | **SP/BS** |

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| | **Approval:**<br>**The Quality Committee formally reviewed and scrutinised progress made and was assured by the Workforce Update Report.** | |
| **7.2** | **Clinical Leadership Progress Report**<br>DWi provided a report on progress to date on the Clinical Leadership Framework (CLF), building on the actions stated within the previously presented Quality Committee papers relating to the subject matter.<br><br>He stated that 27 new rota lines had been added to allow Clinical Supervisors (CS) the opportunity to get to see their candidates on a regular basis.<br><br>A specific CS working group had been established to look in detail at and take ownership of the CLF issues and had met in early January.<br><br>SOL stated that, amongst other things, the meeting had discussed the issues around finding the time to see staff to carry out PDRs with a number of factors combining to make this difficult.<br><br>A series of CS development days had taken place and feedback had been encouraging. Away days had focussed on updating clinical skills and providing immediate life support training. Four clinical away days had been built into the following year's plan and it was intended to provide a mixture of leadership / management development and clinical skills training.<br><br>IB stated that TEG had discussed the development of a framework for developing leaders across the organisation and the behaviours expected of them with detailed discussions due to take place at the BDM on 25 February.<br><br>EM requested an update on the introduction of 360 degree appraisals.<br><br>IB stated that they would initially be introduced down to SMG level, expanding to include other levels at a later stage.<br><br>A discussion took place on current management and leadership in the organisation and the commitment of the organisation to develop this across the board.<br><br>PD asked to whom the CS working group reported back.<br><br>DWi replied that it reported back to him initially and then to the Operational Management Group.<br><br>He further stated that the Trust was working hard to move things forward on a sound foundation, adding that RH was leading a cross-directorate group to help with this.<br><br>A discussion took place about the development of the dashboard and whether the current metrics were the right ones to be using. | |

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| | DWi stated that the working group had amended the dashboard, which had now been re-launched. The dashboard would go back to the working group on a regular basis for consideration as it was a dynamic document, ownership of which was needed.<br><br>PD stated her belief that now that the majority of people were in post, a plan containing timescales for the remainder of the framework's roll out was required as previous attempts had not been achieved.<br><br>**Action:**<br>**RH/DWi to produce a project plan for the roll out of the remainder of the CLF for presentation at a future meeting.**<br><br>**Next CLF report should also contain a summary of outputs of the CS working group and improvements to the dashboard.**<br><br>**Approval:**<br>**The Quality Committee noted the update report and supported the on-going development work.**<br><br>DWi and IB left the meeting at 1125 hours. | **RH/DWi**<br><br>**RH/DWi** |
| **8** | **<u>RISK MANAGEMENT</u>** | |
| **8.1** | **Board Assurance Framework (BAF) / Corporate Risk Report (CRR)**<br>SP presented an update to provide assurance on the effective management of corporate risks. He stated that the same paper, which had been cut at risk ratings of 12 and above, would be going to both F&IC and Quality Committee, as the process for splitting the information between the two committees was still being refined.<br><br>PD stated that Table 1 on page 7, which had been updated since the last report, was a good summary of risks and progress against them. The format of the information contained within the report made it easy to report back to the Audit Committee on issues, etc.<br><br>EB agreed that it was a very good, thorough piece of work and asked how the emerging risks related to what was on the BAF.<br><br>SP replied that the Business Plan session at the March BDM would include an annual review of the top risks and consideration of the risks to be included in the BAF for 2014/2015.<br><br>**Approval:**<br>**The Quality Committee noted the developments outlined in the report and was assured with regard to the effective management of risks.** | |
| **8.2** | **Inspections for Improvement – Review of Key Themes**<br>CA provided assurance to the Quality Committee relating to the Inspection for Improvement programme and associated actions. | |

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| | She stated that the process was on track with 47 stations completed since the process began in June 2013 with the deadline for completion May 2014. The full report was reviewed on a regular basis at the Health and Safety Committee.<br><br>CA further stated that a lot of work was currently under way and outlined details of the implementation of actions.<br><br>EM stated that it was very useful report as weaknesses could be easily identified. For example, a lot of issues were coming out of Estates.<br><br>PD stated that this was a huge cultural shift in approach to the safety of staff and patients.<br><br>CA stated that the report had been considered by SMG and at locality meetings.<br><br>PD stated that the Committee would need to be assured by TEG that all H&S requirements were complied with and asked whether the Executive Directors were aware of the information.<br><br>CA replied that they were.<br><br>PD asked CA to provide the NEDs with information about future inspections; further information about actions being taken around H&S issues; and assurance that the PAT testing system and process was in place at the next Quality Committee meeting.<br><br>**Actions:**<br>**At next meeting CA to provide:**<br>• **assurance that PAT testing system and process is in place;**<br>• **PD and NEDs with details of future inspection dates;**<br>• **information about actions being taken re H&S issues.**<br><br>**Approval:**<br>**The Quality Committee noted the current position and was assured by the process and associated actions.** | **CA** |
| **8.3** | **NHS Security Management**<br>SP presented an update on current developments in relation to NHS Security Management standards to provide assurance to the Quality Committee in relation to the management response.<br><br>He confirmed that the new NHS Protect software had been launched during summer 2013 and outlined the four key standards aligned to NHS Protect's strategy.<br><br>As required by NHS Protect, the self-review document was completed in summer 2013 and submitted before the required deadline. The Trust was selected as one of the organisations to be subject to a focused pilot audit by NHS Protect, which was completed on 22 January 2014. | |

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| | The auditor had confirmed that the Trust had been rated 'green' on all four dimensions with minor suggestions for improvement and this would be confirmed in writing within four weeks of the audit. There would be a repeat of the exercise in summer 2014 and there was also the possibility of an additional inspection process<br><br>It was agreed that the NHS Security Standards should be formally established as part of the workplan.<br><br>**Action:**<br>**SP to include NHS Security Standards as part of the Quality Committee workplan.**<br><br>**Approval:**<br>**The Quality Committee noted the development in NHS Security Standards and was assured in relation to the management response and future plans for review.** | **SP** |
| **9** | **ANY OTHER BUSINESS** | |
| **9.1** | **Any Other Business**<br>**Terms of Reference Review**<br>SP informed the Committee that Mersey Internal Audit Agency (MIAA) had offered their services to provide a facilitated session to review the Committee's self-evaluation process and to review the Terms of Reference. It was timely to take stock of the current operation of the Quality Committee, its challenges in the future and how those challenges might be addressed. The session would be provided free of charge by MIAA and they had offered to carry out the FI&C and Quality Committee self-evaluations on the same day.<br><br>BS stated that the session had gone very well in the Audit Committee and it had been useful to have a fresh look at the ToR.<br><br>EM agreed that it had been a very useful exercise.<br><br>It was agreed that the self-evaluation process should be scheduled as soon as possible.<br><br>**Action:**<br>**SP to liaise with JK to schedule the MIAA-facilitated Quality Committee self-evaluation process as soon as possible.**<br><br>**Approval:**<br>**The Quality Committee discussed the facilitated session and agreed that a date for this should be agreed as soon as possible.** | **SP** |
| **9.2** | **Issues for Reporting to Board and Audit Committee**<br>Key issues to highlight in the Committee's reports were:<br>• Assurance received on sub-contractor governance;<br>• Positive progress on CD management and audit;<br>• Update on developments in Bright Ideas scheme; | |

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| | • Positive assurance on the Inspections for Improvement programme and issue arising;<br>• Continued scrutiny of progress in embedding the Clinical Supervisor role;<br>• On-going work to review complaint processes in light of the Clwyd/Hart review. | |
| **9.3** | **Review of Committee Work Plan 2014/15**<br>SP stated that PD and he were trying to pull a number of items into single reports to try to reduce the number of separate reports going to Committee. Standing items were set out in black and periodic reports highlighted in blue.<br><br>He confirmed that the amalgamated workforce topics would be covered in one report.<br><br>JM asked whether a Public Health report should be included.<br><br>PD agreed that it should.<br><br>**Action:**<br>**SP to add Public Health report to the Work plan.** | **SP** |
| **9.4** | **Review of Meeting Actions and Quality Review of Papers**<br>PD stated her belief that the general standard of papers was improving.<br><br>She asked whether there were any topics that members would prefer to see covered in pre-meeting presentations.<br><br>EM replied that being mindful of the wider community in terms of public health, etc; she would like to see a presentation on poverty and deprivation and their impact on local communities, etc.<br><br>PD thanked everyone for attending.<br><br>The meeting closed at 1210 hours. | |
| **10** | **Date and Location of Next Meeting**<br>3 April 2014, Kirkstall & Fountains, Springhill 1, WF2 0XQ. | |