



Quality Committee Meeting Minutes

Venue: Boardroom, Springhill 2, WF2 0XQ
Date: Thursday, 3 April 2014
Time: 0830 hours

Chairman: Pat Drake

Attendees:

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
Russell Hobbs (RH) Executive Director of Operations

In Attendance:

John Nutton (JN) Non-Executive Director – Designate (Observer)
Anne Allen (AA) Director of Corporate Affairs & Trust Secretary
Andrea Broadway-Parkinson (ABP) YAS Expert Patient
Sheila O’Leary (SOL) Associate Director, Organisational Effectiveness & Education
Dr Steven Dykes (SD) Associate Medical Director
Karen Warner (KW) Associate Director of Quality and Nursing
Becky Monaghan (BM) Associate Director of Risk and Safety
Kate Simms (KS) Associate Director of HR

Apologies:

Barrie Senior (BS) Non-Executive Director (Observer)
Dr Dave Macklin (DM) Deputy Medical Director
Ben Holdaway (BH) Locality Director – EOC
David Williams (DW) Deputy Director of Operations

Minutes produced by:

Mel Gatecliff (MG) Committee Services Manager

The meeting was preceded by a presentation for members of the Committee between 0830 and 0900. ‘Cardiac Arrest Outcomes Strategy’ was presented by Dr Steven Dykes, Associate Medical Director and Cheryl Kennedy, Clinical Supervisor and was very well received by those present.

		Action
	The meeting commenced at 0900 hours.	
1	Introductions and Apologies PD welcomed everyone to the meeting.	

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	Introductions were made round the table for the benefit of new members and apologies were noted as listed above.	
2	<p>Review of Members' Interests Declarations of interest would be noted and considered during the course of the meeting.</p>	
3	<p>Chairman's Introduction PD stated that, following her attendance at several study events around the Francis recommendations, etc it was her belief that there was an urgent need to move from away from 'learning' to 'prevention'.</p> <p>PD further stated that, following a recent meeting with SP and ABP, it had been agreed that ABP would have a dedicated agenda item going forward, as she did a lot of work some of which had, to date, gone unrecognised by the Committee. ABP would provide a verbal update that day but would submit a written report for future meetings.</p> <p>PD confirmed that the first Quality Service Line assurance event had taken place on 1 April. Key points of the meetings would be written up and circulated by SP.</p> <p>Action: SP to circulate record of Quality Service Line assurance day to Committee members.</p> <p>PD confirmed that, although the NEDs had not received an official invitation to the Best Practice day on Friday 5 April, they were most welcome to attend if they were available.</p> <p>DW apologised for this oversight. He confirmed that the presentations would be circulated following the event, adding that those from the last event could now be viewed on the intranet.</p> <p>PD confirmed that the Quality and F&I Committees' effectiveness sessions were due to take place on 8 April.</p> <p>She stated that SP would provide an update, which including links to the relevant documentation, about the new directives that had been received since the last meeting.</p> <p>Action: SP to provide Committee members with an update on new directives received since the last meeting.</p> <p>PD stated that an FTN Quality Governance study day was due to take place on 13 May. As she would be on leave, it was agreed that SP would arrange for another NED from the Quality Committee to attend.</p> <p>SP stated that, in the wake of Francis, national activity which picked up fundamental standards of care was currently under way through the Department of Health.</p>	<p>SP</p> <p>SP</p>

	Action
<p>The work included the re-writing of the standards that the CQC would be using as part of their inspections.</p> <p>PD stated that, following the launch of the nurse staffing methodology and the publication of staffing levels relating to national standards, acute trusts were under heavy scrutiny. Although these were not directly applicable to YAS, the principles contained therein were.</p> <p>IB stated that YAS was hoping to work alongside the NHS TDA, who had led on the development of the workforce assurance tool, to lead on the development of an appropriate tool for the ambulance sector.</p> <p>PD stated her belief that the new duty of candour and wilful neglect changes would have a significant impact and it was agreed that they would need to be explored in more detail. Professional accountability would therefore become increasingly important.</p> <p>JM stated his belief that YAS was ahead of the field, particularly in relation to openness, adding that it would be good to strengthen what was already in place rather than having to start from scratch.</p> <p>EB stated that the recent joint national meeting of the chairs of F&I and Quality Committees was a very interesting and open event in terms of sharing. A number of topics had been covered and learning taken away about, for example, different formats of IPRs.</p> <p>It was acknowledged that, although their committee structures and governance arrangements were very different, the issues currently faced by ambulance services around the country were very similar.</p>	
<p>4</p> <p>Minutes of the Meetings held on 6 February 2014 The minutes of the Quality Committee meeting held on 6 February 2014 were approved as a true and accurate record of the meetings.</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. Closed items were highlighted in green.</p> <p>159/2013 – Solo Response Back-up Times SD stated that a report had been compiled which confirmed that on the majority of occasions back up time was reasonable. There were no occasions on which the wait could have led to an element of harm.</p> <p>RH confirmed that all delays were entered onto Datix and specifically monitored. The ratio of harm did not appear to have risen but the rate of reporting had.</p> <p>It was agreed that the estimated closure date should be extended to June 2014 with a detailed update report to come to the June meeting.</p>	

	Action
<p>162/2013 – Locality Assurance Report – PTS A further update had been received at the service line assurance session. Action closed.</p> <p>173/2013 & 174/2013 – Clinical Quality Strategy/Quality Governance Update SP confirmed that the Listening Watch programme was still being compiled for 2014/15 and would be circulated shortly. Actions remain open.</p> <p>179/2013 – Update on Mortality Indicator Item on that day's agenda. Action closed.</p> <p>180/2013 – NICE Guideline and Quality Standard Review Process Item on that day's agenda. Action closed.</p> <p>195/2013 – Clinical Leadership RH confirmed that only two development posts were currently in place; one in the West and one in the North. Action remains open.</p> <p>001/2014 – Action Log Further update had been received at the service line assurance session. Action closed.</p> <p>005/2014 - Clinical Quality Strategy/Quality Governance Update Item on that day's agenda. Action closed.</p> <p>008/2014 - Clinical Quality Strategy/Quality Governance Update SP confirmed that the reviews and data gathering were on-going. He was shortly due to meet with the auditors. Action remains open.</p> <p>009/2014 – Review of Key Quality Indicators (IPR) / Action Estimated closure date June 2014. Action remains open.</p> <p>010/2014 – Review of Key Quality Indicators (IPR) / Action Item on that day's agenda. Action closed.</p> <p>011/2014 – Review of Key Quality Indicators (IPR) / Action IB stated that KS was undertaking detailed work which would be available shortly. Estimated closure date extended to June 2014. Action remains open.</p> <p>012/2014 – Review of Key Quality Indicators (IPR) / Action IB confirmed that a more comprehensive presentation would be available at the June meeting. Estimated closure date extended to June 2014. Action remains open.</p> <p>016/2014 – Management of Complaints and Concerns PD confirmed that the conversation had taken place. Action closed.</p> <p>017/2014 – CFR Scheme – Actions Arising from IA Report RH confirmed that an updated Action Plan would be circulated.</p>	

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	<p>The June pre-meeting presentation would be about the CFR Scheme and EB asked RH to encourage a greater operations attendance. Estimated closure date extended to June 2014. Action remains open.</p> <p>018/2014 – CFR Scheme – Actions Arising from IA Report IB confirmed that a review of YAS’ volunteering policy was underway and he would report in more detail at the June meeting. Estimated closure date extended to June 2014. Action remains open.</p> <p>020/2014 & 021/2014 – Sub-Contractor Governance KW confirmed both actions had been completed. Actions closed.</p> <p>SP stated that it would be useful to look at the framework and how it was being applied to sub-contractors at a future meeting. It was agreed that September would be an appropriate time for this update.</p> <p>Action: Governance arrangements for sub-contractors to be re-visited at September meeting</p> <p>023/2014 – Clinical Leadership Progress Report Item on that day’s agenda. Action closed.</p> <p>024/2014 – Clinical Leadership Progress Report Item on that day’s agenda. Action closed.</p> <p>025/2014 – Inspections for Improvement – Review of Key Themes No update received. Action remains open.</p>	SP
6	<u>CLINICAL QUALITY PRIORITIES</u>	
6.1	<p>Clinical Quality Strategy Annual Review and Implementation Plan 2014/15 JM and KW presented the annual review of the implementation of the Clinical Quality Strategy and outlined details of the plan for 2014/15.</p> <p>JM stated that the key priorities for 2014/15 were:</p> <ul style="list-style-type: none"> • Patient safety; • Clinical effectiveness; • Patient experience. <p>Several work-streams would also be progressed as part of the focus on ‘patient centred professionalism’, with tangible workplans mainly reported through the Transformation Programme Group. These were:</p> <ul style="list-style-type: none"> • Clinical professional leadership; • Clinical supervision; • Empowering professional teams. <p>JM confirmed that, in terms of clinical effectiveness, the Trust would again concentrate on resuscitation outcomes. The Commissioners had emphasised the importance of delivering on stroke care and a national review was underway on the provision of acute stroke care in hospitals.</p>	

	Action
<p>YAS was currently lobbying the Y&H Clinical Strategic Network to try to improve patient safety in relation to strokes as there were concerns that, with the potential reduction in centres, the length of travel could become detrimental to the care of stroke patients going forward.</p> <p>PD asked JM if the NEDs could be provided with information relating to improvements to stroke care, access to services, etc in recent years.</p> <p>Action: JM to provide NEDs with information re YAS' improved stroke care in recent years.</p> <p>JM stated that, in relation to patient experience, the Friends and Family test was interesting for an ambulance service, as there was currently not much choice for patients, and it would be important to develop insight into these indicators as more data was collected.</p> <p>JM further stated that YAS would need to support its growing nursing workforce, especially in 111, through the new nursing revalidation process, the introduction of which was not far off.</p> <p>It was agreed that this would provide a good opportunity to work through and test the Trust's approach to the process with a relatively small number of people, as the revalidation of the much larger number of Paramedics would not be too far off.</p> <p>PD suggested that KW could look into the availability of the free courses being offered by the Royal College of Nursing so that staff could be released to attend.</p> <p>KW confirmed that she would be very involved in the work on professional accountability going forward, adding that part of the process would include direct patient feedback. She further stated that the Trust would need to think about the application of portfolios.</p> <p>PD suggested that it would be useful if the Trust could create an online portfolio which provided staff with the opportunity to enter their own reflections in a more consistent format.</p> <p>In relation to the CQUIN programme, KW stated that Quarter 3 was still awaiting reconciliation. There was some indication that CQUIN 6 had been rejected, although further discussions with the Commissioners were yet to take place.</p> <p>KW confirmed that the PTS CQUIN risk remained unchanged with the potential of non-achievement of the South CQUIN.</p> <p>PD stated her belief that operational staff needed an objective around the management of medicines. It was agreed that RH should implement this suggestion.</p>	<p>JM</p>

		Action
	<p>Action: RH to ensure objective re medicines management is included in PDRs for next 12 months.</p> <p>Approval: Quality Committee received the paper as assurance of the implementation of the Clinical Quality Strategy to date and of the implementation plan for 2014/15.</p>	RH
6.2	<p>Review of Key Quality Indicators (IPR) / Action KW provided an update of the key indicators reported in the Quality and Workforce sections of the Integrated Performance Report (IPR). The document was taken as read and PD invited comments.</p> <p>EB expressed concern about the limited amount of time spent looking at Early Warning Indicators (EWIs) and trigger points, as she found this quite difficult to do by exception. She asked whether the Committee could spend more time looking at the trends within them.</p> <p>SP replied that the CIP paper looked at the EWIs specifically and suggested that a summary of all indicators could be included going forward.</p> <p>EM asked whether the situation was improving in relation to the February increase in staff related incidents.</p> <p>RH replied that a number of staff had not been receiving their meal break until late in their shift which had caused issues. Actions had been put in place which had reduced the window for taking meal breaks and as a result the situation seemed to be improving.</p> <p>Referring specifically to the safeguarding training item, PD stated that she remained concerned about training as an issue across the whole of the Trust.</p> <p>SP stated that there was no need for serious concern as the small reduction in month was due to the process for introducing the updated workbook.</p> <p>IB stated he would liaise with SOL about the provision of more general information in the training dashboard, adding that, due to the A&E restructuring, the amount of training that year would increase greatly.</p> <p>EM stated it would be useful if the dashboard could include measurables relating to the benefits of training to the organisation further down the line.</p> <p>IB replied that this was a good idea but providing information about the benefits of training was a challenge that all organisations faced.</p> <p>EB stated that, although IPC audit figures had been good for a couple of months, they seemed to have dipped again in February.</p>	

	Action
<p>SP confirmed that work was under way through the Risk and Assurance Group to rectify the issues.</p> <p>PD stated that an update on cleaning would be useful at a future meeting.</p> <p>PD asked whether the Trust was rated as green on the national audit programme.</p> <p>JM confirmed that this was the case. He stated that, although limited functionality remained, the system was stable and the backlog had been reduced to four weeks which was enabling reporting to take place in a timely manner.</p> <p>In relation to absence management, IB gave assurance that the importance of robustly applying the new absence management policy was being reinforced to managers. The new policy, alongside other measures, should lead to major improvements.</p> <p>IB stated that an effective infrastructure for dealing with FOI requests was now in place. Although there remained work to do across the organisation in relation to the pace and quality of some responses, the process was now right and it was encouraging to see that, at the end of March, the number of cases open and out of time was down to three.</p> <p>It was noted that the number of FOIs received by the Trust had doubled in recent years. The majority of requests were from MPs and journalists but some were from staff (past and present) and members of the general public.</p> <p>Approval: The Quality Committee considered the exceptions in the IPR and was assured, following questioning, with regard to the management action planned and under way.</p>	
<p>6.3 Significant Events and Lessons Learned</p> <p>SP presented an update on specific events and lessons learned across the Trust for the period 17 January 2014 to 12 March 2014. He stated that falls and injuries in transit, which were included in the Safety Thermometer dashboard, were a significant focus for the Trust. In addition, there had also been a small number of issues around lone working which would need further exploration at executive level.</p> <p>In relation to moving and handling issues, work was progressing well. However, carry chair training still required completion and it was acknowledged that it was essential not to issue new equipment prior to staff being trained in its use.</p> <p>SP stated that, following the Clwyd/Hart recommendations, a review of the Trust's Complaints Policy and Procedure had identified areas in which improvements could be made to ensure YAS continued to meet regulatory requirements and Ombudsman Best Practice Guidelines.</p>	

		Action
	<p>SP replied that he had a reasonable level of confidence in that area but would present a more in depth report at the next meeting.</p> <p>Action: SP to provide an update on how the Trust supports staff involved in incidents of violence and aggression at June meeting.</p> <p>PD asked whether domestic violence was included in the safeguarding training.</p> <p>KW confirmed that it was already in the workbook.</p> <p>Approval: The Quality Committee noted the content of the report and supported the actions detailed therein.</p>	SP
6.4	<p>CIP Quality Impact Assessment (QIA) Review</p> <p>KW presented an update to:</p> <ul style="list-style-type: none"> • Assure the Committee of the progress made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs); • Provide an opportunity for the Committee to review and agree the risks and mitigations identified through the QIA process; • Report on the development and use of early warning indicators (EWIs) relating to the safety and quality of services. <p>She stated that the key risks to Quality as outlined in section 5.2 of the report were: Reduced overtime / A&E skill mix / Removal of rest break payments and AVP; Clinical leadership; EOC; Sickness absence; and PTS subsistence payments / Transformational work.</p> <p>KW stated that the sickness level of 6.48% showed a slight decrease since January 2014.</p> <p>She confirmed that there had been 43 incidents reported on Datix during the period. Of these, 6 were showing as minor, 3 as moderate and one as major harm which was currently being investigated.</p> <p>Next steps would include a meeting with the leads of the CIP schemes to consider the 2014/15 CIP schemes. Many of the 2013/14 schemes were being carried over so the QIAs would need to be refreshed.</p> <p>EB queried the timing of this work, as it was her belief that greater detail around the PIDs and QIAs for the 2014/15 programme should have been available prior to going into the first quarter of the new year. She asked where approval lay in relation to the QIAs.</p> <p>SP replied that there was no requirement for a committee to approve the QIAs. JM and he signed them off with assurance on the process coming through the Quality Committee who could challenge back.</p> <p>EB stated that this was a different way of operating to F&IC.</p>	

	Action
<p>SP replied that part of F&IC's remit was 'approval' whereas the Quality Committee did not really have that responsibility as part of its TOR.</p> <p>AA confirmed that, in respect of CIPs, a finance committee's approval role was different to the quality assurance role of a quality committee.</p> <p>A long discussion took place about the assurance process.</p> <p>PD stated her belief that, going forward, the Trust needed to refine and define the process and it was agreed that the item should be included on the joint meeting agenda going forward.</p> <p>Action: SP/RB to ensure that the CIP assurance process is considered as a standing agenda item at the joint Quality/F&I meetings.</p> <p>PD stated that the Clinical Leadership CIP financial had been achieved although the framework was still being implemented and asked whether it should still be part of the CIP programme.</p> <p>SP replied that it was due to come off the CIP programme for 2014/15, as it was covered under the Clinical Quality Strategy although it would remain on the Quality Committee agenda for assurance.</p> <p>Approval: 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.</p>	<p>SP/RB</p>
<p>6.5</p> <p>Review of NHS Constitution</p> <p>AA presented an update to assure the Quality Committee of YAS' compliance with the principles, values and pledges of the NHS Constitution as there was a legal requirement for all NHS organisations to comply with the Constitution.</p> <p>Appendices A and B provided a summary of the sources of YAS' assurance against the Constitution's public, patients' and staff's rights and pledges and the paper had been strengthened in conjunction with the Executive Directors following TEG.</p> <p>EM stated that she had found the analysis in the paper useful and asked how often YAS' evidence of compliance would be reviewed.</p> <p>AA replied that the Constitution had been reviewed in 2012 and 2009. It was her belief that every two years would be sufficient unless significant changes were made; at which point the Constitution would be brought back earlier for review.</p> <p>EM suggested that it might be useful to sense check the Constitution internally on an annual basis.</p>	

		Action
	<p>SP suggested that, as part of the annual Quality Account publication, a statement could be included about the internal review. It was agreed that this should happen.</p> <p>Action: SP to include a statement about the Trust’s compliance with the NHS Constitution as part of the annual Quality Account publication process going forward</p> <p>ABP expressed her understanding that the Critical Friends network, which was mentioned several times in the document, no longer existed and asked whether this could be confirmed. ABP also had additional feedback which she would share with AA outside the meeting.</p> <p>Action: ABP/AA to discuss ABP’s feedback outside the meeting</p> <p>PD stated her belief that best practice days, CPD days, etc should be included on the list on page 4. It was agreed that JM would work with AA to build up the evidence.</p> <p>Action: JM to liaise with AA to build up the evidence on page four of Appendix A</p> <p>Approval: Subject to the above amendments, the Quality Committee was assured of YAS’ evidence of compliance with the principles, values and pledges of the NHS Constitution and would provide onward assurance to the Trust Board through the Quality Committee’s Minutes of the Meeting.</p>	<p>SP</p> <p>ABP / AA</p> <p>JM/AA</p>
<p>6.6</p>	<p>YAS Expert Patient Update Following the earlier announcement about the YAS Expert Patient’s update, PD invited ABP to address the meeting.</p> <p>ABP expressed her appreciation at being given the opportunity to provide a verbal update on her recent work internally and externally. Highlights included:</p> <ul style="list-style-type: none"> • Involvement in the YAS Safety Thermometer Steering Group whose work was progressing really well; • Involvement in a pilot proposal to introduce /’Mystery shopping’ into PTS - the evidence from which would be used in the Trust’s patient experience feedback. Head of Safety, Clare Ashby and ABP hoped to work up a paper to go to CGG for consideration; • Attendance at a YAS ‘moving and handling’ themed PPI workshop in Hull, which was run in conjunction with Hull Healthwatch, as part of the YAS Safety Thermometer Steering Group. ABP noted that despite the efforts of YAS colleagues in conjunction with Healthwatch to publicise and recruit to the event, “real” service users/patient voices were largely missing from the workshop. However, towards the end of the event the 	

	Action
<p>difficulty of transporting patients with complex needs had been raised by a Carer. This issue and other contacts to inform matters were being followed up internally, which was good news; It had been a good session with a mix of YAS colleagues in attendance and a successful 'PR' exercise for YAS and its commitment to patients.</p> <ul style="list-style-type: none"> • ABP was looking forward to being part of the internal peer review of the '4 Cs'; • ABP is now attending Medicines Management Group (MMG) as the required formal patient representative. She found it both interesting and reassuring to see how hard people were working to overcome significant challenges in order to secure assurance and compliance. Despite ABP's initial reservations around 'adding value'/contributing to MMG meetings, SD thanked ABP for her useful input into the meetings thus far; • Externally, as a resident of North Yorkshire, ABP had attended several Vale of York CCG PPI meetings. YAS had been represented at one of the meetings by an 'Ops' colleague and she found it very useful to work together to listen, inform the public and discuss developments; • ABP had also attended a meeting of the York Health and Wellbeing Board in her capacity as 'an interested party'/'Patient Voice' Rep. The meeting had been well attended but she felt it disappointing that YAS had not been present or received the acknowledgement it deserved relating to Urgent Care developments. <p>Whilst ABP acknowledged that these events were not specifically for providers of services, it was obvious at the meeting that providers from a range of sectors were present and had been invited. It was ABP's belief that YAS should push for an invitation to attend these events if not invited in order to hear the patient voice and promote YAS' role.</p> <p>SP stated that Head of Stakeholder Engagement, Hester Rowell, had written to the region's Health and Wellbeing Boards registering YAS' interest and had received some positive responses. It was agreed that it would be useful if YAS could have a seat on at least a couple of these Boards.</p> <p>PD thanked ABP for her update. She stated that ABP's work was very important and it was essential for the Committee to develop a better understanding of this work and the links that ABP (and others like her) had into organisations around the region. She further stated that the Trust valued having a patient's perspective.</p> <p>ABP thanks PD for her kind words.</p> <p>ABP also referenced other relevant external work, in her freelance capacity, as follows:</p>	

	Action
<p>An approach by an NHS England colleague to be part of an NHS Expo NHS 111 and 'PPI' perspective workshop' in her freelancing disability consultant role with insight as YAS Expert Patient. She had been unable to attend due to the short notice of the invitation but had supplied contacts (including YAS Diversity and Inclusion Advisor, Karl Portz's details (with permissions) and mentioned the workshop to Head of YAS 111 Quality Assurance, Michela Littlewood Prince)). ABP had been assured of further engagement opportunities and requested permission to use any learning from YAS' 111 service from a patient perspective as appropriate with YAS' possible co involvement.</p> <p>Attendance at an NHS England 'Participation Academy' launch event in Leeds. She reiterated that she hoped YAS would be able to benefit from this involvement and any learning also in due course. It was agreed that SP would liaise with ABP to discuss messages that could be filtered in.</p> <p>Action: SP to liaise with ABP re messages about YAS' 111 service to filter into her discussions.</p> <p>ABP agreed to provide a written report for the next meeting and invited colleagues to guide her on the content of her reports, e.g. any particular requests, going forward.</p> <p>Approval: The Quality Committee noted ABP's update.</p>	SP
<p>6.7 Draft 2013/14 Quality Account and review of 2014/15 A&E and PTS CQUIN schemes</p> <p>KW presented an update on the draft 2013/14 Quality Account and the CQUIN schemes for 2014/15.</p> <p>KW confirmed that YAS had followed the Monitor guidance for the production of the 2013/14 Quality Account and provided details of the timeline. She stated that priorities had been discussed and agreed at the Public Trust Board Meeting on 28 January 2014 and the key dates were as follows:</p> <ul style="list-style-type: none"> • Consultation with Commissioners, Health Overview & Scrutiny Committees and Healthwatch (30 days); • Final draft to Quality Committee 3 April 2014; • Final draft to extraordinary Board 3 June 2014; • Publication 30 June 2014. <p>She stated that the 'Friends & Family' test was the only national CQUIN applicable to ambulance services during 2014/15 and this had been incorporated into both the A&E and PTS schemes.</p> <p>KW further stated that the CQUIN negotiations with the Commissioners had been a protracted and challenging process. It was the first time that local CQUINs had been agreed and each CBU had been asked to provide YAS with a local scheme.</p>	

	Action
<p>In relation to PTS, there had been good conversations with and buy in from Commissioners.</p> <p>KW confirmed that all of the CQUINs had been signed off with the exception of South Yorkshire and Airedale, Wharfedale and Craven in relation to the underperforming CCG CQUIN. However, final agreement should have been reached by the end of April.</p> <p>ABP stated that she had reviewed the draft Quality Account electronically as a North Yorkshire Healthwatch member. However, there had been several gaps in the document and she questioned whether this was acceptable to the public.</p> <p>KW replied that the majority of gaps related to Quarter 4 data, CQUINs achievement, etc which had not been available at the time of circulation. This was now available and the gaps would be filled.</p> <p>ABP replied that, having not received the full Quality Account, she felt unable to effectively feedback from a patient perspective.</p> <p>KW replied that as the national timeline dictated that the document had to be published on 30 June the consultation period always had to take place prior to the Quarter 4 data being available.</p> <p>PD asked KW if she would look into ways of providing the necessary information retrospectively.</p>	
<p>Action: KW/SP to consider ways in which to share Quarter 4 data not included in Quality Account draft circulated for consultation</p> <p>SP reminded those present that, as sections of the document were mandated by Monitor, there was limited ability to change the wording.</p> <p>It was agreed that any additional feedback should be provided to SP/KW as soon as possible to enable the revised version to come back to the next meeting of the Quality Committee.</p>	SP/KW
<p>Action: Feedback to be returned to SP/KW as soon as possible for incorporation in to the draft Quality Accounts.</p> <p>KW confirmed that the current year's document did not include a statement from the Chairman. This had been replaced by a statement from the Chief Executive and Board of Directors which was signed by the Chief Executive and Chairman.</p> <p>In relation to the CQUINs, EB stated that she had struggled to match the appendices to the relevant documents, adding that it was the first time she had seen that level of detail. She suggested that it might be useful to consider the overall picture in summary format during a BDM.</p>	ALL

	Action
<p>SP stated that the production of the Quality Account had been a big team effort and thanked KW for her efforts.</p> <p>RH echoed SP's comments, adding that it had been an exceptional effort as some of the process had been extremely challenging.</p> <p>PD thanked KW for her update and congratulated her on her efforts.</p> <p>Approval: The Quality Committee received the paper as assurance on the delivery of the 2013/14 Quality Account and noted the CQUIN schemes for 2014/15.</p>	
<p>6.8 Service Transformation Programme Update</p> <p>SP provided an update on developments, issues and risks in relation to the Service Transformation Programme (STP). Programme priorities for 2014/16 were currently identified as:</p> <ul style="list-style-type: none"> • Hub & Spoke; • PTS Transformation; • Urgent Care; • Organisational Development and Leadership. <p>In addition, a number of enabling work-streams, which would contribute to the successful delivery of the programme, included:</p> <ul style="list-style-type: none"> • Transformative ICT; • Workforce plan (revision and delivery); • Business development and commercial opportunities; • Stakeholder engagement strategy. <p>SP stated that the formation of TEG (Service Transformation) and the refresh of SMG would encourage seamless sharing of information between TEG and the Service Transformation team.</p> <p>EB stated she still struggled with the STP updates to the Committee as it was her belief that learnings from a quality perspective needed to be singled out. Current updates lacked depth and needed more of a cross-dimensional assessment, alignment to Trust priorities, etc.</p> <p>PD agreed that this was good constructive criticism. She stated that it would be good to see how the outcome measures that the Quality Committee sought inter related to other areas.</p> <p>SP replied that further developments were on-going and would be included at the report to the next Committee meeting.</p> <p>Action: New format report on Service Transformation Programme to be presented at June meeting.</p> <p>Approval: The Quality Committee noted the developments, issues and risks as outlined in the paper and was assured with regard to the</p>	<p>SP</p>

		Action
	Transformation Programme management arrangements and action.	
7	<u>WORKFORCE</u>	
7.1	<p>Workforce Annual Review and Workplan 2014/15 IB presented the Workforce Year-End Report to provide an overview relating to a range of workforce issues, including: education and training, equality and diversity and employee wellbeing.</p> <p>IB stated that the year had been slightly disjointed due to a lack of continuity at senior manager level. It had also become clear when reviewing the Workforce plans and priorities for 2014/15 that some of the planned progress had been hampered by, for example, the industrial relations problems. Although work was on-going to repair relationships it was still very early days. IB confirmed that national negotiations continued in relation to unsocial hours payments.</p> <p>He stated that it had been a full year in relation to training and education, adding that, in relation to resourcing and recruitment, the further development of the values based assessment centres continued to be a priority going forward.</p> <p>IB further stated that a detailed report on the staff survey results and general staff engagement would be presented at the June meeting.</p> <p>Action: IB to present detailed report on staff engagement at June meeting.</p> <p>IB further stated that, in relation to the staff survey, the overall level of engagement had increased slightly and kept YAS within the average rating for ambulance services nationally. Key issues would be built on more in the next report but generally, further improvement was needed in the area of staff perception around leadership and management.</p> <p>IB stated that the HR business partners would add value at locality level but it was still early days and KS would be working with them to develop their roles during the forthcoming twelve months. EM stated that issues coming out of the staff survey about leadership needed to be pinned down in terms of appraisals, objectives, etc and asked how the Trust aimed to improve the percentage of completion of exit interviews / questionnaires.</p> <p>KS replied that an audit had just taken place but the report had not yet been received. As not many questionnaires were completed, it was hard to map out trends and themes so work under way to attempt to increase the numbers of people completing them on-line. For example, HR business partners would be more pro-active and encourage people to complete the questionnaires.</p> <p>EM requested an update on Section 10, Equality and Diversity, requesting details of current engagement activity.</p>	IB

	Action
<p>SOL replied that there was a lot of engagement but this was mainly on an ad hoc basis so the team was looking at introducing an action plan for the following year. The BME group was linking in in terms of the action plan, priorities, etc, adding that recruitment and selection issues were also being looked at.</p> <p>EB asked how many workforce policies and procedures were outstanding and waiting to be updated.</p> <p>IB replied that he would circulate information about review dates, etc.</p> <p>Action: IB to circulate information about review dates of workforce policies, etc for consideration at next meeting.</p> <p>IB provided a short update on the national discussions in relation to unsocial hours' payments, adding that there were plans for further discussions with the trade unions. DW and he would keep the Trust Board updated on the risk of national industrial action, etc.</p> <p>PD thanked IB for his update, adding that it would be good to receive regular updates during the course of the year.</p> <p>Approval: The Quality Committee formally reviewed and scrutinised the Workforce Year-End report and was assured by the progress made during the 2012/13 financial year.</p>	IB
<p>7.2 Education and Training Plan 2014/15</p> <p>SOL provided the Quality Committee with an overview of the Education and Training Plan for 2014/15. She stated that the bulk of discussion had centred round A&E Operations and PTS. Four appendices were attached to the report:</p> <ul style="list-style-type: none"> • Appendix 1 (Summary of A&E Abstraction) provided an overview of the abstraction envelope that had to be worked within. Local abstraction had been built in for local delivery of PDRs and follow up training. • Appendix 2 (Summary of Potential Training activity 2014/15). This summary of potential training activity in each directorate was backed up by detailed plans. • Appendix 3 (Statutory and Mandatory training needs analysis matrix 2014/15) was approved the previous year and was currently being scheduled. • Appendix 4 (Draft Quality Impact Assessment). SOL confirmed that she was working with KW on the QIA. The main issue was around abstraction and pressures on the T&D plan with the potential for an increase in the need for abstraction. <p>SOL stated that there were some very good governance arrangements around T&D with significant assurance around the management of T&D being given by Internal Audit following a recent inspection.</p>	

	Action
<p>PD requested an update on the uptake of technicians' training.</p> <p>SOL replied that take up remained low so alternative methods were being looked at to encourage technicians to come forward for training.</p> <p>PD asked how the QIA would work moving forward.</p> <p>SOL replied that KW and she would continue to assess it on an on-going basis.</p> <p>PD thanked SOL for her useful update.</p> <p>Approval: The Quality Committee formally reviewed, scrutinised and was assured by the Training and Education plan for 2014/2015.</p>	
<p>7.3 Clinical Leadership Progress Report</p> <p>RH provided an update report on the implementation of the Clinical Leadership Framework (CLF).</p> <p>PD congratulated RH on the paper which was much more informative than previous reports.</p> <p>RH confirmed that there was now almost a full complement of Clinical Supervisors (CSs) and stressed the importance of releasing the time for them to fulfil their role effectively.</p> <p>The CSs had been put back to level 3 from level 2 which meant that they would still attend, for example, a major traffic accident but would also have the time necessary to carry out their CS responsibilities.</p> <p>RH confirmed that all of the planned Bronze training had taken place and the three courses had been fully subscribed, which had helped to increase the CSs' confidence that the Trust was committed to fulfilling their training requirements. Local abstraction had been touched on as the CSs needed to be able to spend time with their reports so additional lines had been added to the rota for development days.</p> <p>Action had also been taken to prevent the CSs from undertaking unnecessary activities such collecting wage slips, etc.</p> <p>RH stated that he was also working closely with JM's team to review and update the current dashboard.</p> <p>The CS Working Group had undertaken much of the work and the changes had already made a big difference. Overall feedback was positive, although there remained a lot to do.</p> <p>PD asked what risks remained around Clinical Leadership.</p> <p>RH replied the risks were now more sophisticated. For example, some people liked the clinical part of the role but not the management part.</p>	

		Action
	<p>PD stated that she had noticed s cultural shift. For example, in the past a lot of training had been cancelled during the winter which had caused issues and this was no longer happening.</p> <p>EM stated that she had been comforted by the update and would be interested to see update reports on a more regular basis.</p> <p>RH replied that he would produce a CS project workplan and keep the Quality Committee updated on a regular basis.</p> <p>Action: RH to provide a regular detailed CS update at Quality Committee meetings.</p> <p>Approval: The Quality Committee noted the update report and supported the on-going development work.</p>	RH
8	<u>RISK MANAGEMENT</u>	
8.1	<p>Board Assurance Framework (BAF) / Corporate Risk Report (CRR) SP presented an update on the risks recorded in the Board Assurance Framework and Corporate Risk Register to provide assurance on the effective management of corporate risks. He confirmed that the current version incorporated the additions discussed in the recent BDM.</p> <p>SP added that the report would also go forward to F&IC and Audit Committee. He confirmed the completion of actions due for completion in March 2014.</p> <p>Approval: The Quality Committee noted the key risks outlined in the report and was assured with regard to the risk management processes and action.</p>	
8.2	<p>Risk Management Annual Review and Workplan 2014/15 SP provided an update on risk management progress during 2013/14 and provided an outline of the next steps for 2014/15. The Risk Management Plan for 2014/15 was attached as an Appendix.</p> <p>He confirmed that all risks had now been migrated across to Datix and education and training for managers was on-going. However, further work was still required to ensure that everyone reached the required level of knowledge and understanding.</p> <p>SP stated that, during the quality service line assurance sessions the need for some training on investigation skills had been identified.</p> <p>PD asked whether the Corporate risk register was flowing through locality management meetings.</p>	

		Action
	<p>SP replied that progress was starting to be seen. A new risk manager was now in place and the Trust was already seeing a step change.</p> <p>KW stated that she had agreed with JM as Chair of CGG, that a quarterly triangulated report would be produced which included information about issues and an update on problem solving.</p> <p>PD stated that it was good to see work progressing well.</p> <p>Approval: The Quality Committee noted the progress made and supported the development of the Risk Management Plan for 2014/15.</p>	
<p>8.3</p>	<p>Information Governance (IG) Annual Review and Workplan 2014/15</p> <p>SP presented an end of year report on the management of information governance and the IG Toolkit (version 11) to provide assurance that arrangements were being managed effectively.</p> <p>He confirmed that the IG tool kit had been submitted on time. It had been signed off at the end of March and further improvement could be seen, as supported by Internal Audit in their recent report.</p> <p>JM stated that work had been undertaken to embed Caldicott 2 over the last year and recommendations taken through the Board.</p> <p>PD asked SP to pass on her thanks to the Information Governance Manager for a comprehensive report which provided improved assurance and confidence in this area.</p> <p>Approval: The Quality Committee noted the current position and was assured in regard to the effective management of information governance.</p>	
	<p><u>RESEARCH GOVERNANCE</u></p>	
<p>9.1</p>	<p>R&D Annual Review and Workplan 2014/15</p> <p>JM provided an update on YAS' Research and Development initiatives to inform the Committee's work programme during 2014/15.</p> <p>He outlined the strategic aims and how these would be realised in addition to detailed information about the current position in relation to the strategic milestones.</p> <p>JM stated that positive developments included:</p> <ul style="list-style-type: none"> • Receipt of an indication of continuing financial support for 2014/15 from Yorkshire & Humber Local Clinical Research Network. • South Yorkshire Paramedic, Richard Pilbery, secured an award for the 'highest quality research' at the 999 EMS Research Forum Conference. He received £1,000 towards the cost of 	

		Action
	<p>presenting the research at an international conference and is hoping to go to the Paramedics Australasia International Conference on the Gold Coast in September 2014.</p> <ul style="list-style-type: none"> • Research fellow, Chris Harvey's, literature review about pain scoring in older people with dementia was published in the Journal of Paramedic Practice in February 2014. • Andrew Hodge completed a dissertation about Consultant Paramedics. An article based on his dissertation was published in the Journal of Paramedic Practice in March 2014. <p>PD stated her belief that YAS should assist Richard Pilbery financially to ensure that he could attend the Conference in Australia, adding that the Board should receive his presentation on his return.</p> <p>EB stated that there were currently many opportunities for sponsorship and asked what YAS was doing in the private arena to attract this sponsorship from, for example, defibrillator manufacturers. It was agreed that EB should to speak to JM about possible opportunities outside the meeting.</p> <p>JM stated that NICE funding had always been YAS' core research funding base but he would welcome the chance to look into other possible opportunities.</p> <p>Action: EB to discuss possible additional funding opportunities with JM outside the meeting.</p> <p>JM stated that part of the Head of Research and Development's work was to identify academic partners. The Trust was currently looking to partner with individuals at Sheffield Hallam and York St Johns universities, who had already worked with the Trust.</p> <p>Approval: The Quality Committee noted the developments, issues and risks as outlined in the paper, and accepted the Workplan as the basis for monitoring / reporting during 2014/15.</p>	EB
10	<u>ANY OTHER BUSINESS</u>	
10.1	<p>Any Other Business There were no items of any other business.</p>	
10.2	<p>Issues for Reporting to Board and Audit Committee Key issues to highlight in the Committee's reports were agreed.</p>	
10.3	<p>Review of Meeting Actions and Quality Review of Papers PD stated that the quality of papers had been good and there had been good interaction with members. She apologised for the late finish.</p> <p>EM agreed that the papers for the meeting had been very good and had focussed on relevant issues.</p>	

		Action
	<p>PD thanked everyone for attending.</p> <p>The meeting closed at 1245 hours.</p>	
11	<p>Date and Location of Next Meeting 12 June 2014, Kirkstall & Fountains, Springhill 1, WF2 0XQ.</p>	