Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

# Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ
**Date:** Thursday 11 September 2014
**Time:** 0900 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 |

**Apologies:**

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| Shelagh O'Leary | (SOL) | Associate Director, Organisational Effectiveness & Education |
| Barrie Senior | (BS) | Non-Executive Director (Observer) |
| Kate Simms | (KS) | Associate Director of HR |

**In Attendance:**

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| John Nutton | (JN) | Non-Executive Director - Designate (Observer) |
| Anne Allen | (AA) | Trust Secretary (Observer) – until 1130 hours |
| Andrea Broadway-Parkinson | (ABP) | YAS Expert Patient |
| Dr Steven Dykes | (SD) | Associate Medical Director |
| Dr Dave Macklin | (DM) | Associate Medical Director |
| Karen Warner | (KW) | Associate Director of Quality and Nursing |
| Becky Monaghan | (BM) | Associate Director of Risk & Safety |
| Ben Holdaway | (BH) | Locality Director – EOC |
| Joanne Halliwell | (JH) | Associate Director of PTS |
| Nicola Stamp | (NS) | YAS Forum Frontline Member (Observer) |
| Simon Talbot | (ST) | YAS Forum Frontline Member (Observer) |
| Mark Wright | (MW) | YAS Forum Frontline Member (Observer) |
| Alan Baranowski | (AB) | Locality Director – PTS (Item 6.9 only) |

**Minutes produced by:**

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| Andrea Wort | (AW) | Executive PA |

The meeting was preceded by a presentation between 0830 and 0900 hours on 'Clinical Case Review process and findings', which was delivered by Lead Paramedic for Clinical Development, Mark Millins and was well-received by those present.

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| | The meeting commenced at 0910 hours. | |
| **1.0** | **Introduction & Apologies**<br>PD welcomed everyone to the meeting and apologies were noted as listed above. | |
| **2.0** | **Review Members Interests**<br>Declarations of interest would be noted and considered during the course of the meeting. | |
| **3.0** | **Chairman's Introduction**<br>PD informed the Committee that KW and herself had recently become appointed as specialist advisors for CQC. It was anticipated that feedback would be fielded through Trust Directors of Nursing, and YAS had already received feedback from Leeds and Mid Yorks.<br><br>It was noted that the Trust Chairman, Della Cannings, had already been appointed as a specialist advisor and had participated in a review.<br><br>SP advised that NWAS were the first Ambulance Trust to be inspected under the new regime and were therefore able to provide us with an insight. PD suggested a paper to the next quality committee paper around those insights. PD also requested that SP provides the report from Quality Committee to the next Board as she would be chairing the Board.<br><br>PD noted the imminent introduction of the Duty of Candour and requested a written report for the next meeting.<br><br>**Action:**<br>**KW to present paper on Duty of Candour to December Quality Committee.** | **KW** |
| | Following the Trust Management conference PD asked IB if the presentation had been uploaded to the intranet, as Internal Audit had fed back that this had not been received. IB advised that Damon Hughes had not forwarded this potentially due to copyright.<br><br>**Action:**<br>**IB to feedback to Internal Audit on availability of D Hughes presentation.** | **IB** |
| | PD informed that the Quality & Risk Annual Report had been well received by the Board and a copy given to the YAS Forum members. She would like to see it disseminated widely throughout YAS. | |
| **4.0** | **Minutes of the Meeting held on 12 June 2014**<br>The minutes of the Quality Committee meeting held on 12 June 2014 were approved as a true and accurate record of the meeting subject to the following amendments: | |

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| | **Matters Arising:**<br>Page 6 – Para 6 line 3 amended to state "…to carry out a peer review of complaints case files mirroring national Patients Association work'.<br><br>Page 9 – penultimate paragraph … change is to 'if'.<br><br>Page 11 – Para 5, change manger to manager<br><br>Page 12 – Item 6.6 para 2, December 2014 to be replaced with 'December 2010'<br><br>Page 13 – Para 2 amended to read "ABP agreed to provide alternate verbal and written reports at future meetings".<br><br>Page 13 – Item 6.7 bullet 1, amended to read… full stop after Network, followed by 'ABP as Expert Patient will attend MMG meetings as the required patient representative.'<br><br>Page 20 – Para 1 first line amended to read "SP replied that the implementation of the CQC action plan was almost complete albeit…."<br><br>Page 20 – Para 2, removed.<br><br>Page 21 – Para 2, replace RIDHOR with RIDDOR.<br><br>**Minutes of the Joint Quality and Finance & Investment Committees held on 12 June 2014**<br>The minutes of the Joint Quality and Finance & Investment Committee meetings held on 12 June 2014 would be discussed in the Finance & Investment Committee 11 September 2014. | |
| **5.0** | **Action Log**<br>The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in green.<br><br>**195/2013 - Clinical Leadership**<br>PD advised the question on the action log related to what the trigger would be for CS's in developmental posts moving into substantive post; what was the process going forward?<br><br>**Action: IB to determine and feedback on how this has operated over the last 12 months and will be managed going forward.**<br><br>**011/2014 - Review of Key Quality Indicators (IPR) / Action**<br>Process for exit interviews reviewed. Update on analysis to be included in future workforce update. Closed | **IB** |

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| | **018/2014 - Community First Responder (CFR) Scheme - Actions Arising from Internal Audit Report**<br>Covered on Agenda. Action closed.<br><br>**044/2014 - Workforce Annual Review and Workplan 2014/15**<br>Included in report on agenda. IB informed the workforce plan is to be revised. Discussions were on going with Unison and he was optimistic that those discussions may conclude Tuesday pm and subject to a satisfactory outcome, work will be undertaken on more structure of the workforce plan.<br><br>**046/2014 – Education and Training Plan 2014-15**<br>Links to previous action.<br><br>**049/2014 – Action Log**<br>Covered under action 195/2013.<br><br>**050/2014 – Action Log**<br>Included in agenda. Action Closed.<br><br>**051/2014 – Clinical Quality Strategy/Clinical Governance Development Plan**<br>SP advised that roadshows had been planned and would be coming on stream in the next couple of months and feedback from the CQC listening events would be shared as part of this programme. Action complete.<br><br>**053/2014 – Review of Key Quality Indicators (IPR)**<br>BH informed following an audit of AQI's a report went to the AACE group who then provided their final report with 16 recommendations. BH is a participant of the group that will meet in December, and a report would be taken to the NDOG in October. EB felt it would be helpful for a copy of the report to go to the joint meeting of NEDS in November. Action remains open.<br><br>**054/2014 & 055/2014 – Review of Quality Indicators**<br>JM explained within the process of management of Controlled Drug loss of registers and keys to safes are regarded in the same manner as losing morphine, and that morphine rights are lost if keys are lost. Information will be re-published through operational update and reinforced through clinical managers. Action closed.<br><br>**057/2014 – Significant Events/Lessons Learned**<br>Assurance provided in meeting on actions taken and in progress. Closed.<br><br>**058/2014 – Significant Events/Lessons Learned**<br>Included in agenda. | |

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| | **059/2014 – Medicines Management including management of Controlled Drugs**<br>SD informed of a successful rollout at Beverley. Next area identified was South Yorkshire at the end of the month with an identified hub station as Magna. Training was out for Clinical Supervisors now.<br><br>**061/2014 – Workforce Update Report / IPR**<br>IB explained the plan to deal with those not taking up the offer of conversion training which currently forms part of discussions with unions. There were insufficient technicians wishing to avail themselves of this opportunity. Discussions were currently being held with Teesside University to offer courses through them. Action remains open.<br><br>**062/2014 – Annual Staff Survey/Staff Engagement Update Report**<br>IB reminded those present that the staff survey was presented to the last Quality Committee and as a result individual localities and directorates were asked to produce specific action plans with the HR Business Partners. A cultural audit is also about to be undertaken. Providers will be presenting to TEG next week. Once plans are complete these will return to the Committee. It was agreed to bring back at the February 2015 Quality Committee.<br><br>**063/2014 – Clinical Leadership Report**<br>Included on agenda.<br><br>**064/2014 – Musculo-skeletal (MSK) accidents and injuries**<br>SP informed there were 51 reported incidents in 2013/14 relating to response bags, however, in the first six months of 2014/15 eight were reported, a positive impact of the changeover of response bags. There remain a reasonable number of claims which will take time owing to the time log between injury and claims. There were different numbers in North, West and South with most in the West. The bag and rollout of training were being carried out in a positive way and must recognise there will always be some residual risk. It was noted the bags were only one of the issues of underlying cause of injury.<br><br>**065/2014 – Musculo-skeletal (MSK) accidents and injuries**<br>Included in the agenda.<br><br>**066/2014 – Quality Committee Effectiveness Review**<br>Completed.<br><br>**068/2014 – Issues for Reporting to Board and Audit Committee**<br>Not discussed yet due to annual leave commitments. PD to discuss with BS prior to October 2014 Audit Committee | |

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| | **069/2014 – Claims Report**<br>Included in Quality Committee work plan as a standard reporting mechanism rather than every meeting.<br><br>**071/2014 – PTS**<br>Included in agenda. It was noted the PID had not been circulated.<br><br>**072/2014 – PTS**<br>Included in agenda.<br><br>**073/2014 – Clinical Hub**<br>Updated PID to be circulated by BH. Action remains open. | |
| **6.0** | **QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES** | |
| **6.1** | **Quality Governance Report**<br>KW provided an update to the Committee on the Quality Governance Development Plan including the Board Memorandum on Quality Governance. The paper also provides a report on the recent Quality Surveillance Group meeting and CQC compliance under the new inspection regime.<br><br>The Board Memorandum was approved at the last Quality Committee in June 2014 and recommended to Board in July 2014 where it was accepted as assurance around quality governance. Since then the Trust had received the internal audit report against quality governance arrangements. The full audit report was attached to the paper at Appendix 1. This concluded that the Trust remained compliant with the required quality governance score of 3, which is a compliant picture generally for embedding in the FT pipeline application.<br><br>KW explained the Quality Governance Development Plan has been overhauled as it included significant information from previous years and stood at v32. The new document is the plan for 2014/15 v1 with all archive work removed and includes recommendations from the quality governance internal audit report, investigations relating to Savile and milestones for the development of the 2015/18 Clinical Quality Strategy.<br><br>Development against the plan includes much work in planning for patient safety and awareness-raising with roadshows planned to bring together all elements. New guidance has been published by the DoH on the CQUIN for Friends and Family test.<br><br>This is only required on PTS and A&E ‘see and treat’ patients, and plans are in place to do this, with additional resource allocated to the patient relations department to support the initial phase. The Quality Account was approved at Board and is published on the intranet and the public website. | |

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| | KW explained the purpose of the Quality Surveillance Group (QSG) was to identify risks to quality in the very early stages, and they are designed not to develop any bureaucracy and should act as a virtual team across a health economy. Providers are only invited if there are serious concerns which trigger a Risk Summit.<br><br>In June the West Yorkshire QSG met and discussed the quality agenda for YAS around both 999 and 111 and SP received feedback from NHS England with the outcomes. They confirmed they felt assured all issues were being managed appropriately through quality governance monitoring and no further action was required.<br><br>SP responded to the letter issued following the QSG and agreed the actions as listed at 5.11 with the CQC lead nurse.<br><br>KW informed the Quality Committee that YAS was to host an event on 24 October to inform commissioner colleagues with regard to the Trust process and practice for managing quality and safety and good governance. SP commented that over half of the actions were for commissioners or for YAS jointly with commissioners and that there was positive joint working with lead commissioners to take this forward.<br><br>KW updated on the current position with CQC. Verbal confirmation of compliance with Outcome 9, medicines management was provided following the CQC inspection in May 2014. The formal report has still not been received but was due soon. The action plan relating to Outcome 14 has continued to be progressed and an update on the action plan forwarded to CQC.<br><br>Included in the paper was information relating to the new CQC inspection regime, from a published document called 'A fresh start for the regulation of ambulance services' which CQC is planning to introduce in April 2015. Organisations will be assessed against five domains relating to whether the organisation is safe; effective; caring; responsive and well-led, and key areas of focus will be determined through intelligent monitoring. All elements will be marked against a four point scale of Outstanding; Good; Requires Improvement; or Inadequate. Key lines of enquiry will be developed as detailed at 6.11.<br><br>Methodology had so far been tested in NWAS and South Central. YAS has connected with the relevant quality leads in order to share learning. Significant amounts of advance information will be required. The process was found to be quite challenging and required its own project office and senior management support and 150 requests were received in two days during the inspection itself.<br><br>PD suggested this information should be added to SharePoint to avoid duplication. | |

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| | KW and BM suggested action cards for managers. It was very clear that any managers involved would be absent from carrying out their normal duties for a substantial period. Public meetings will be held by CQC, which will not be reported verbatim but will form lines of enquiry.<br><br>SP advised work was required with managers and staff to inform them about the process and what to expect in terms of scale and type requests and information, when the inspectors visit.<br><br>IB reiterated that we should not underestimate the importance given to the meetings CQC hold with staff and patients.<br><br>EM felt that it would be useful for CQC to talk with YAS Forum members as their focus will be on staff and patients.<br><br>JM referred to action 2.6 of the quality governance development plan relating to staff-led specialist-interest forums and informed the group that an emergency care forum had been held in York, a similar forum was being arranged in Bradford and three urgent care forums and critical care forums (joint HART/HEMS) had been held.<br><br>EG also referred to the plan, and commented that a small number of dates due are in grey i.e. Francis enquiry contained no commentary or current position. KW agreed to bring back an updated document with any gaps completed.<br><br>**Action:**<br>**KW to update the Quality Governance plan and bring back to the next Quality Committee meeting.**<br><br>**The Quality Committee were assured by the continued progress against the requirements for effective quality governance arrangements; delivery of the Quality Governance Development Plan and of the preparation; and readiness for the new CQC inspection regime in the ambulance sector.** | **KW** |
| **6.2** | **Quality Improvement Report**<br>KW presented the report relating to the review of 2014-15 CQUIN progress, Quality Accounts priority developments and plans to refresh the Clinical Quality Strategy. Good discussion had been held previously at the Clinical Quality Forum and Clinical Governance Group.<br><br>The implementation of the Friends & Family Test has resource implications therefore additional resource has been added to the Patient Relations department to support initial implementation pending review of the impact on the wider patient experience programme. | |

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| | Referring to the progress report in section 3.5 on CQUINs, KW reported there remained no final reconciliation from commissioners but it was hoped this would be resolved at the next CMB in September.<br><br>EB stated that she felt the risk section could have been expanded.<br><br>PD commented on the Clinical Quality Strategy and questioned how more staff would be engaged and whether there were any plans to engage with others. KW confirmed this would be included as part of the roadshows.<br>SP was also keen to involve the YAS Forum as well as staff through the Staff Forum and to involve patient Members of the Trust via a mixture of roadshows and electronic communication.<br><br>**The Quality Committee noted the programme and developments and was assured with regard to the management of quality improvement activities.** | |
| **6.3** | **Review of Key Quality Indicators (IPR)**<br>KW presented the Quality section of the IPR for the month of July and welcomed comments from those present.<br><br>JM provided assurance on the management of medication incidents. All incidents are followed up by the Medicines Management Group and learning shared with Clinical Governance Group.<br><br>SP commented on the incident database noting the rise in reported incidents between May and June. In the August version, figures had been amended retrospectively as some near misses and concerns were not included in the May and June figures.<br><br>SP and JM had produced a clinical bulletin focussed on feedback of what is being reported and work that is being undertaken, and are working on how this should be presented and packaged to ensure meaningful to staff.<br><br>Referring to PTS, AA commented on how positive it was to see the overall proportion of complaints and concerns is a downward trend against upwards activity.<br><br>PD was keen a close eye is kept on staff incidents relating to violence and was pleased to see offenders had been successfully convicted in relation to these.<br><br>IB wished to highlight the continued good performance in relation to FOI requests, considering the difficulties six months ago, now that Hester Rowell and her team had managed this.<br><br>KW commented on the 15 morphine incidents in section 3.4, 5 and 6 questioning what they were and why so high. | |

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| | JM responded that these were specifically looking at breakages or loss, for example of a book or key etc. PD assumed that perhaps reporting was better and JM confirmed that this was likely to be one of the drives.<br><br>AA asked where the detail of the 15 incidents is looked into. JM advised this was reviewed in the Medicines Management Group and explained that if there were any issues of significance they would be picked out.<br><br>**The Quality Committee were assured with regard to the management action planned and underway.** | |
| **6.4** | **Significant Events/Lessons Learned incl. Patient Thermometer**<br>BM presented the Significant Events and Lessons Learned report which primarily covered the period 10 May to 18 August 2014.<br><br>Specific sources within the report include; serious incidents reported to Trust commissioners; incidents; complaints; claims; coroners requests; Safeguarding serious case reviews; Professional body referrals; clinical case reviews; patient experience; ICO and HSE notifications; Being Open.<br><br>The first 30 pages related to SI details. EB said that she found this concerning reading particularly in relation to the 12 related to delayed response issues or poor performance.<br><br>SP stated that delayed response Sis were due to a mix between resource availability and activity levels in the operations system and errors in the despatch system.<br>SP advised there was a need to understand the difficulties relating to current operational issues and noted that the operational improvement plan is helping to address issues. DM and SP briefed on the current position in terms of patient safety and response performance. An analysis of delayed response and incident data had shown no direct correlation between delay and adverse outcome.<br><br>EB hoped there would have been a more aggregated response and felt the issues had not been brought together in this paper.<br><br>SP informed that separately Board members receive a weekly report explaining these issues, but agreed that read across was required and would be included in this report at the next meeting.<br><br>BM confirmed that some incidents were still being investigated and therefore reports were not included in the report.<br><br>SP highlighted that the rise in SI's seen in June dropped again in July. | |

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| | EM referred to the incident involving local Care Direct (LCD) on page 13, and questioned whether an assessment had been undertaken regarding whether the ICO should be informed. BM confirmed this was the case and the ICO had been informed in line with the IRG process. The report was submitted with no further action required. A second incident of a similar nature had been reported and the Trust is awaiting feedback.<br><br>SP informed the Committee that he chairs a regular Clinical Governance Contract meeting with LCD involving their medical and nurse director, where YAS gains assurance on clinical governance and quality processes and how they are addressing incidents. LCD is responsible for delivering to a quality specification in the contract.<br><br>It was noted that the majority of incidents were around delayed responses, and it was noted discussion has been held at Board on these issues.<br><br>BM highlighted that information relating to the safety thermometer particularly around falls, was largely positive and around 4Cs information too.<br><br>SP noted that the A&E survey results detailed in page 35 were not included in the IPR as the only data held was to June but the report states July.<br><br>There were 190 ongoing claims against the Trust currently, with 36 new claims reported in quarter 2, of which 28% related to employer liability.<br><br>A coroner's inquest was held in July 2014 which involved a stand-off situation and highlighted a number of systems issues within the Trust in relation to these. A number of actions have been put in place during the investigation of the incident.<br><br>The Coroner has issued a PFD letter with a number of recommendations for action. This has been issued both to YAS and to the Secretary of State.<br><br>SP informed some of the actions included training dispatch staff in recognising response related issues; handling stand-off situations; and also attendance with lone responders. A review would be undertaken into providing drivers for lone responders outside working hours. Some issues were purely YAS but a couple were national issues.<br><br>SP advised that review of the staff security lone worker policy was in progress including the introduction of a dynamic risk assessment supported by staff training. This was almost ready to go, but discussions were continuing to agree this with unions. A distance learning pack that goes with this was being finalised. | |

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| | BM informed the Trust had received a complaint about the handling of an FOI request accepted by the ICO for formal consideration. This related to the Trust refusing to release information as it would be prejudicial to YAS' commercial interests.<br><br>Feedback is awaited from the ICO as to whether the exemption under the FOI act was appropriately applied.<br><br>The Trust exercised the being open process in relation to a number of incidents, including making contact with individuals or next of kin but recently conversations were difficult as some incidents related to delays.<br><br>PD wished to see assurance in the next report, in terms of staff ability to access clinical updates, and this link to discussion of professional development in PDRs.<br><br>**The Quality Committee accepted the recommendations, and noted concern at the level of SI's but was assured by their effective management, and learning from adverse events.** | |
| **6.5** | **Patient Experience Programme Update**<br>KW presented the report on progress relating to the capture and use of patient feedback including information from complaints, concerns and patient surveys.<br><br>KW informed a revised policy and process for the management of the 4Cs was scheduled for presentation to TMG in October. She listed the key changes, and noted the missing element was the process for remedy.<br><br>KW highlighted the Trust's positive feedback in the national 'Hear and Treat' caller survey. Ten ambulance trusts were surveyed and YAS scored top results in most questions asked.<br><br>SP advised that the Friends and Family test implementation may have resource implications in the short term due changes in the national requirement. An additional paper was being developed to set out the new processes and quarterly resource implications.<br><br>KW advised that a meeting had been set up with Business Intelligence (BI) to triangulate performance data with Friends and Family data.<br><br>ABP asked if YAS had adopted a revised Patient Experience survey format, ideally allowing free text space after each question, to facilitate more systematic, detailed feedback on key aspects of patient experience to inform the actual Friends & Family Test results, for YAS to respond to.<br><br>SP confirmed the Trust was following the national framework. | |

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| | **The Quality Committee noted the information as outlined within the report and was assured that the patient experience process was advancing within YAS.** | |
| **6.6** | **Expert Patient report**<br>ABP gave a verbal update, picking up on some key YAS activity and action recommendation areas noted in her previous written report in order to highlight progress since the last meeting.<br><br>In summary, ABP:<br>• Referenced her review and feedback efforts on the revised draft 4Cs policy and protocols and applauded the hard work and consultation that had been undertaken by YAS colleagues. She noted, for example, the attention to detail and improved processes which all mounted to a keen patient focussed approach.<br>• Confirmed she had attended a YAS internal 4Cs review preparation meeting with PD and other members of the Quality Team ahead of the proposed internal case review audit due to take place in autumn 2014.<br>• Acknowledged the ongoing work around patient safety in the form of the Moving and Handling Review Group and Safety Thermometer Steering Group which she has supported through meeting attendances, information dissemination/engagement appeals via her networks and considerable email exchange more recently. She hoped there would be further collaboration, including the adoption of a 'topic guide' she had drafted and shared with YAS colleagues for use during engagement with patients and public around 'complex needs' and wheelchair users in order to achieve consistency, fullest coverage of the likely issues and a patient centred approach.<br>She also hoped a YAS patient self-assessment form and related process, coupled with a revision of the current assessment approach by YAS, could be developed. This would contribute to proactive/ preventative working and patient self-management/care facilitation.<br>• Referenced the development and near completion of a YAS Staff Falls Awareness and Prevention Guide which she had contributed to, and thanked the Head of Leadership and Learning for his and others' efforts in producing it as part of the Patient Safety Thermometer Steering Group work agenda.<br>• Reported a pending meeting with the YAS IG manager and other relevant YAS colleagues to discuss 'data sharing' and 'flagging' as part of facilitating a speedy and joined up approach to patient information management at YAS in the interests of patients. This was part of the Moving and Handling Review Group work agenda re. patients with complex needs and wheelchair users. | |

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| | • She felt there were opportunities for example, to build on the 'special patient notes' in NHS 111 and the need for more engagement with the public and YAS patients around these matters to overcome the myths and misconceptions and facilitate patient self-care/management wherever possible.<br>• Stated she had attended the inaugural YAS Forum meeting which she felt was mutually useful as part of facilitating good linkages and harnessing 'patient and public voices' to influence internal, organisational thinking and activity. She also reported receiving an invitation to attend a future YAS Forum membership sub group meeting and to speak about the current role of YAS Expert Patient. A full 'brief' from YAS Forum members would be requested via YAS colleagues in due course.<br>• Referenced ongoing liaison/work with the AD of Organisational Development and Head of Leadership and Learning to facilitate PCPIE (patient, carer and public involvement and engagement) in YAS education and training. She stated her view that a key barrier to progress was the current lack of a YAS policy and protocol around 'rewarding' patients and carers as trainers' for their contribution, for example, via a system for offering payment and expenses, support and recruitment strategies etc. It is hoped YAS will be able to be proactive about this rather than necessarily waiting for apparent overdue NHS England guidance.<br>• Mentioned a pending meeting with YAS Research & Development colleagues to progress PCPIE in YAS' Research work agenda.<br>• Confirmed she was happy to undertake the action highlighted in the YAS FT preparedness related Internal Audit around Expert Patient role sustainability and organisational familiarity to extend the 'reach'. A written report on possible proposals and other key work highlights as YAS Expert Patient will be provided to the December 2014 Quality Committee meeting.<br><br>**On behalf of the Quality Committee PD thanked ABP for her informative update and acknowledged the assurance on progress since the last Quality Committee meeting.** | |
| **6.7** | **Safeguarding Mid-year Report**<br>KW presented the report for the period April to July 2014 and noted the increase in referrals being made for PTS, EOC, A&E and NHS 111. However, the increase in referrals subsequently increases the workload when information is required to be provided.<br><br>Safeguarding Children level 1training was currently 95.8% and 85.2% for Level 2.<br><br>The under 2 years data trend was moving upward therefore more work required to understand the causes and to reduce risk. | |

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| | In order to roll out Prevent training, five members of YAS staff undertook the train the trainer's course, and training is now planned into the mandatory training programme and will continue through the year.<br><br>JH questioned the PTS referral rates as the number was quite small and whether there was any possibility to benchmark this. It was suggested this should be raised at the national group.<br><br>PD noted the good news on making referrals but asked about feedback from social care. SP advised there was previously a lack of reported feedback, but there was now improved feedback on follow up actions.<br><br>PD asked whether numbers for Prevent training were acceptable or whether there was concern. SP explained the process of awareness and training for trainers began last year, with the introduction into general safeguarding training to follow, but recent events had brought this issue back up the agenda and it had been formally built into the agenda for the year as part of all staff mandatory training from April 2014.<br><br>PD noted the post incident care process was working well and asked whether staff from EOC and 111 who work online are provided with a similar process. It was noted support for these staff was more accessible due to being based on site.<br><br>It was noted, following a review of the safeguarding team, a safeguarding practitioner had been appointed for adults and children on a 12 month secondment, however the member of staff had now resigned and a recruitment campaign was underway.<br><br>As a result of the Head of Safeguarding taking up a secondment at the Hull and East Riding CCG a secondment opportunity had arisen to cover clinical input. The team were therefore recruiting to a four month Named Professional for Safeguarding Vulnerable Groups.<br><br>**The Quality Committee noted the progress made and were assured that the safeguarding standards were being maintained for both children and adults.** | |
| **6.8** | **Risk & Safety Mid-year Report**<br>**IPC**<br>BM presented the IPC mid-year report and highlighted any key points.<br><br>An increase in reporting was noted when compared to the 2013/14 mid-year reporting figures, most likely due to an increased awareness of IP&C incidents within YAS. | |

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| | A new occupational exposure policy has been fully reviewed and implemented throughout the Trust. YAS had previously had difficulty in retrieving donor patients' results from other organisations following needle stick incidents but a much better process was in place now with good support from A&E liaisons.<br><br>The report also included an update on emergency preparedness for the Ebola Virus disease. The Head of Safety had been involved in a working group formed to help ensure YAS resilience and responsiveness to Ebola.<br><br>PD referred to the adherence to good practice standards of uniform and questioned whether there was a uniform policy or a professional standards policy. IB confirmed there was not a policy in place as such but was working on it.<br><br>It was hoped to have an initial draft in the next few weeks. PD therefore expressed her concern with standards for IPC.<br><br>PD questioned the incorrect use of examination gloves. JM confirmed this related to general overuse before patient assessment and misunderstanding regarding requirements.<br><br>KW informed that Acute trusts were also feeding back, as they undertake audits on our staff in hospitals.<br><br>**Health & Safety**<br>BM presented the H&S mid-year report and highlighted any key points.<br><br>Incident reporting had significantly increased in the months of June – July compared with the same period last year, possibly due to accessibility of reporting.<br><br>A large proportion of staff injuries had historically related to the response bags, however since the introduction and roll out of the new response bag, incidents had reduced significantly by 64% since the start of this year.<br><br>PPE and a review of its provision had been undertaken and included in the work plan and a task and finish group was due to meet to implement recommendations, however work was overtaken following concerns of the Ebola virus outbreak. All systems were in place, and tested on occasion in near miss situations, but operation in practice needed further refinement and testing. There were three near misses, which had tested the process. Lessons were being learned and fit testing being conducted with masks. Staff did not currently have appropriate equipment but will be delivered soon. It was noted the response process falls under HART in the first instance. | |

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| | EB asked what achievements had been made since the task and finish group had been formed to address manual handling issues. BM explained risk assessment processes now included a full suite of high risk assessments i.e. water, asbestos and these are ready for roll out. Work was ongoing with EOC on how to undertake this i.e. response cards. The M&H policy was still under review looking at scope for provision of specialist support as part of that.<br><br>It was proposed to continue in December, and training materials were constantly being updated.<br><br>EB questioned the aim of the target metrics as consequence of these actions. BM informed a comprehensive plan was in place that she could share.<br><br>EB expressed her disappointment that following significant investment in bariatric vehicles that a task and finish group was required to specifically look at their use and questioned when they would be in a position for patient use in a significant way. JH responded that use of these vehicles varies by patch, as in the South PTS use them on a daily basis. SP commented that they could be used to better effect and the current work is focussed on maximising the benefits.<br><br>DM felt the issue was around ownership, how they are utilised, where they are placed and was not well thought through.<br><br>**Security Standards**<br>BM presented the Security report and highlighted any key issues.<br><br>The current status of the YAS self-assessment was showing green against all standards with the exception of standard 2.5 relating to the ongoing programme of work in raising awareness of security measures and security management, as it was agreed the Trust was only partially compliant and more work can be undertaken towards this.<br><br>BM highlighted a number of successful prosecutions including assault on staff members, theft of trust property and five other incidents also dealt with by way of police cautions.<br><br>PD asked if staff handbooks for new staff were up to date, in that they have specific books detailing safety issues.<br><br>CS explained all staff was required to complete the manager training workbook and attend corporate induction. Information is included in the workforce paper which contains much detail on manager requirements in order that staff can be fully up to date around risk management. Information is constantly being adapted and updated with standardisation across the organisation. | |

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| | **The Quality Committee noted the contents of each report and was assured with regard to the management of Risk & Safety issues.** | |
| **6.9** | **PTS Service Line Assurance Report**<br>AB presented the report which provided an assessment of the quality relating to PTS services.<br><br>AB explained that since the review of governance systems and processes last year further developments had taken place to improve governance arrangements and management and is discussed at the operational meeting every fortnight. Some of the developments include:<br>• Transfer of directorate and locality risk registers onto Datix with monthly review at the PTS operations group meeting<br>• Confirmation of a single point of contact and CQUIN delivery lead for PTS 2014-15 schemes.<br>• Commencement of a daily dashboard. AB was proud of the tight monitoring of resources and spend per journey per day produced on the dashboard and wished to congratulate Kieran Baker and his team for a great report. Much more data was available than last year which in turn enables us to provide commissioners with much more KPI data and quality.<br>• This was subsequently supplemented by a daily summary detailing performance by planning desk in the previous 24 hrs including KPI position.<br>• Monthly patient surveying against the corporate template. Based on last year there was a positive line upwards and targets reached easier, but overall improvements were being made and on track.<br><br>As a result of the changes PTS was now better equipped to identify and investigate issues based on performance indicators and good solid feedback.<br><br>Considerable work was undertaken with commissioners to simplify operational KPIs reducing the number of indicators from over 40 down to just four and generally measured on inward and outward departure times etc.<br><br>Current performance had risen on last year, and AB briefed the committee on the KPIs:<br>• KPI 1 – South Yorkshire had seen some slippage however action plans were in place. Rota changes were made last year in south which were not quite as they should be and therefore further rota changes were planned and formal consultation had begun.<br>• KPI 2 – North and South struggle to hit target against this standard. In north this relates predominantly to the geography and rurality of the operational area. However in South Barnsley and Sheffield underperform partially due to travel distance, | |

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| | number of patients and lack of discharge facilities. Plans were in place to move Barnsley. In terms of more complex patients, acute trusts were booking less car patients, but more 2/3 chairs or stretchers.<br>• KPI3 – Although performance had improved slightly difficulties remained in reaching the 90 min target.<br>• Data is provided and commissioners are generally comfortable with 91 - 95 minutes but not 2-3 hours. There were issues in North Yorkshire with an increasing number of patients wishing to travel to units outside of the area.<br>• KPI 4 – This indicator relates to short notice and same day journeys with high thresholds against this measure.<br>• A case is being made to commissioners to change the delivery of this element of the service.<br><br>AB explained recruitment was a difficult area for PTS with a consistent flow of staff coming in and rightly moving on in their career. Plans are in place in an attempt to speed up recruitment and training. Discussion ongoing with Chris Sharpe on ways to do this.<br><br>It was noted the latest figures for PDR compliance was currently at 75% for PTS.<br><br>The overall figure for absence in PTS at July 2014 was circa 6%. It was noted this was travelling in the right direction and a result of the hard work undertaken to keep the level where it is. The target for year end is 5.5% but ideally less than 5%, however abstraction for rotas was based on 5% so anything above this poses difficulties.<br><br>AB informed the vast majority of complaints related to lateness of appointment times not staff. Some were down to YAS and PTS management but sometimes due to Acute trusts not booking mobility cases correctly.<br><br>The whole service to service process is being reviewed following a misunderstanding in service contract provision between YAS and Hull Royal Infirmary. This was presently being resolved with commissioners and acute trusts. AB also informed attitudinal complaints are robustly managed.<br><br>There was ongoing focus on achieving no harm. Communication was to be published to staff this week relating to the importance of patients wearing seatbelts and staff supporting patients into homes. The campaign for ‘Harm free’ care is critical to service delivery would be driven out.<br><br>There was one serious incident related to a PTS patient fall in transit in August 2014 which is currently being investigated. | |

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| | All CQUIN schemes were on track and expected to be delivered in full for the year.<br><br>SD asked if inappropriate discharges were being monitored/reported or whether this remained an issue. It was noted staff are logging these on Datix and they are being investigated on a regular basis.<br><br>EB asked, in relation to CIP schemes, whether they were adrift of where we would like them to be, whether there were any financial shortfalls and if any further risks are perceived. She also queried whether the financial position in PTS is linked to volunteer driver scheme.<br><br>JH advised the numbers required for volunteer drivers hardly differ. In the fortnightly project board training information with CIPs and quality information is reviewed to determine whether emerging trends or risks were coming out of particular pieces of work.<br><br>**The Quality Committee noted the progress to date, interventions and actions outlined in the paper and were assured the delivery of PTS is safe and effective.**<br><br>PD was concerned that assurance reports cannot be discussed in five minutes. SP agreed to review the work plan to identify opportunities to streamline the agenda.<br><br>**Action:**<br>**SP to review the Quality Committee work plan to identify opportunities to streamline the agenda.** | **SP** |
| **6.10** | **Service Transformation Programme (STP) Mid-year Report**<br>KW presented the report which provided an update on developments, issues and risks in relation to the Service Transformation Programme.<br><br>The main priorities for the programme in 2014-16 were Hub and Spoke; OD and Leadership; and Urgent Care. The report included an update on each and the initiatives that underpin the STP in particular communications and engagement, programme network etc. Appendix 1 provided further detail on each, Appendix 2 detailed the policy deployment matrix and Appendix 3 was the STP dashboard detailing information against the current position that reports to the TEG Transformation group (TEGT).<br><br>Mitigating actions are in in place as part of the project implementation process and the priorities for the next period were highlighted. PD asked what evaluation processes were in place, and how we know if improved. KW responded that each of the groups have metrics defined by themselves and monitoring is carried out at each of their meetings. The metrics are detailed within the programme brief. | |

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| | There was slippage to timescale and milestones within the service line development project and delays to the number of ECP/UCPs required due to recruitment delays and HR resources to enable recruitment, but this was in progress.<br><br>**The Quality Committee noted the developments, issues and risks as outlined in the report and were assured with regard to the Service Transformation Programme management and resource arrangements and actions.** | |
| **6.11** | **Policy & Procedure Management Update Report**<br>BM presented the report which provided an update on the position of policy and procedure management for 2014-15.<br><br>BM highlighted sections 2.7 and 2.8 detailing information on policies or procedural documents approved during quarter 1 and 2, and those due in quarter 3.<br><br>Work was undertaken with Workforce in relation to their outstanding policies and as this was the highest number, a risk statement requested. These were fit for purpose, and remained valid and correct, but review dates due. Plans were in place to work through these.<br><br>PD questioned whether there was any risk in relation to overdue policies or procedures. BM confirmed there were no risks to overdue HR policies. Further risk assessment was required around Clinical policies and a Standards and Compliance policy. SP advised the only significant issue would be any regulatory change but was not aware of any directly relevant at this point.<br><br>PD felt that there were difficulties in the past with dissemination and staff access and asked if it would be dynamic. BM informed this is done as policies come up for renewal but was not sure it was the best way forward, therefore work would be undertaken to think about how dissemination of information can be improved. PD requested to see an algorithm on how information is published.<br><br>**Action:**<br>**BM to provide PD with algorithm of how policy information is published.**<br><br>JH felt that great strides had been made in differentiating policy from operational procedure.<br><br>PD requested information in future that ensures this process is much clearer.<br><br>EB mentioned there were a number of policies due for review in the Workforce Directorate, although in previous years there had been issues in starting them, and therefore questioned assurance of this. | **BM** |

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| | IB responded that the last two JSGs (Joint Steering Groups) were cancelled and therefore a number of policies had not gone through. He felt this should be achievable in terms of workforce policies. EB informed she would have liked to see this detailed in the risk section.<br><br>**Action:**<br>**It was agreed to bring the report back to the next Quality Committee.**<br><br>**The Quality Committee noted the contents of the report and was assured with regard to the management of procedural documents.** | **BM** |
| **6.12** | **A&E Performance Improvement Update including Quality & Safety Issues**<br>JM presented the report which provided an update on the processes for identification and monitoring of quality and safety of delayed response in A&E.<br><br>JM wished to place on record his appreciation to SD and his team for their sterling effort in the 'deep dive' exercise in which two weeks' worth of cases in delayed response were reviewed looking for evidence of potential harm. A weekly Quality and Safety monitoring report, is shared with Trust Board members. There were two serious incidents identified by sources outside the Trust relating to delays in response in July which had not been picked up, however this was prior to the introduction of the Clinical Duty Managers (CDM's) in EOC. To maintain the level of assurance, the CDM's are now reviewing every single delay in real time and going forward there would be a table demonstrating the number of cases looked at and the number flagged. The information will include details of the incident and what investigation was undertaken etc.<br><br>JM informed that front line clinicians have been reminded through Team Brief and Operational Update of the importance to report potential harm incidents related to delayed response. Additionally, the Chief Executive and JM held discussions with senior operations managers to obtain a sense check on what and how we should share this information with frontline staff. From the feedback given narrative reports will be produced describing the position and developments to change and improve the situation.<br><br>IB reported that a detailed discussion was held at the Trust Board. Having reviewed data recently, progress was continuing but very slow. In a comparison to the first 10 days, last month showed a 2.92minute improvement on red 1 and 0.62minutes better on red 2, with a 1.55 minute overall improvement. Interventions made were starting to have an impact and monitoring continued on a daily basis, although still a way to go. The two planned periods of industrial action also have an impact on performance, and robust steps were being taken to discourage Unions from any more industrial action. | |

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| | EM recognised that clinical information was reported elsewhere in the committee agenda but requested the inclusion of more narrative from a more clinical point of view integrated into this paper for future meetings.<br><br>**The Quality Committee accepted the report and were reassured that the quality and safety implications of the increased incidence of delayed responses was comprehensively monitored and that processes are in place to identify and investigate potential harm incidents in a timely manner.** | |
| **6.13** | **Savile Report**<br>KW presented the report which related to the published reports on matters relating to Savile and to present the impact on YAS.<br><br>There were two pieces of work ongoing in relation to the impact on YAS:<br>• Related to the recommendations of all of those reports broadly put together and actions to be taken to sustain a way of working or development of new ways.<br>• Relate to the legacy of Savile being a trustee of the previous ambulance service and his relationship with other ambulance organisations.<br><br>An invitation had been extended to all YAS staff to come forward in confidence if they had any information that they think may contribute to the enquiry, however no staff had so far come forward. Evidence had been found of his association with the former West Yorkshire Ambulance Service through photos etc. which will be disclosed to the Legacy Unit. KW was leading an enquiry and pulling together an archive, however there was limited evidence in governance around that time (1979–84). It was hoped the investigation would be concluded by the end of September with a view to submission at the Private Trust Board in October 2014.<br><br>KW informed there were 26 reports in all and the enquiry was being led by a retired Chief Inspector, Ray Galloway.<br><br>**The Quality Committee noted the paper and were assured that the Savile publications had been reviewed to ensure recommendations and learning can take place in YAS, and that the enquiry into Savile's relationship with YAS and its predecessor organisations is robust and transparent.** | |
| **7.0** | **WORKFORCE** | |
| **7.1** | **Workforce update report / IPR section 4 including mid-year review of management and leadership development plan**<br>IB presented the paper which provided an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing. | |

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| | IB invited CS to speak on any key highlights in leadership and learning matters.<br><br>CS informed the Committee of the Friends and Family Test which comprised of two questions, and emailed to a random sample of 1600 members of staff, the results of which were included in the paper. The questions were 'How likely are you to recommend the Trust to friends and family a) if they needed care or treatment, or b) as place to work'. He advised there was a huge difference in the results for each question which NHS England found interesting in that most were likely to recommend the Trust as a health service, but not a place to work.<br><br>CS noted that many comments behind the survey related largely around operational redesign, and staff engagement and communication. Care of patients was a high priority but it was perceived that managers did not care.<br><br>Communication messages were to be disseminated via the Chief Executive's Blog etc.<br><br>The results of the survey will be publicised on 24 September on the NHS England site and YAS is being encouraged not to benchmark itself against other organisations but to focus on improvements.<br><br>IB informed there are a number of away days planned with Clinical Supervisors which would be a good opportunity for engagement. Communication channels had improved with good work from Staff Forum members. It was important that staff received messages from the Trust and not just via union staff.<br><br>Detailed information is provided on the leadership programme which CS and his team are delivering; and Bryan Ward and his team are fully employed in delivering induction to new starters and urgent tier operatives, therefore training has been rescheduled against that.<br><br>Significant focus continues on resourcing / recruitment, and also included in the paper was information relating to absence management. Those areas of the Trust with the highest sickness levels have been identified and the Associate Director responsible for the areas tasked with producing further action plans and development of improvement trajectory by September. Returned action plans indicate that improvements will be made by the end of March 2015 and plans are being made to underpin those trajectories.<br><br>**Action:**<br>**IB to ensure the next report includes a commentary on improvement plans put in place.** | **IB** |

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| | The single provider for Occupational Health Services, People Asset Management (PAM) continued to be monitored. Remainder of paragraph redacted for reasons of confidentiality.<br><br>Staff were not being challenged in the first conversation when reporting sick; IB is in favour of a first conversation with the manager however the contract was agreed by the Trust and we therefore need to work with PAM in terms of value for money.<br><br>JN questioned whether people with recurrent episodes of sickness were being identified.<br><br>PD noted that membership of an Employee Wellbeing working group was being promoted and suggested asking members of the YAS Forum.<br><br>**The Quality Committee noted the workforce update report and was assured by progress made.** | |
| **7.2** | **Volunteer Policy**<br>IB presented the draft Volunteer Policy for reference and comment.<br><br>This had been a matter of concern for the Quality Committee who had previously requested sight of the policy to be assured that there was a consistent approach for recruiting and utilising volunteers across the organisation.<br><br>KW commented that there was much focus on this within the recommendations from the Savile report.<br><br>**Action:**<br>**KW agreed to discuss the draft volunteer policy with KS and feed back.**<br><br>PD queried the reference to volunteers' attendance at Corporate and Local Inductions and whether there was a standardised approach across the Trust. CS added volunteers are provided with an induction handbook, and although the policy mentions corporate they generally attend a local induction.<br>Another area to consider was expenses and remuneration and the Trust stance on that<br><br>It was suggested other organisation policies are reviewed and KW recommended the Leeds Teaching Hospital.<br><br>**Action:**<br>**All to feed comments back to KS and re-present to the Quality Committee**.<br><br>**The Quality Committee provided feedback and noted the draft** | **KW**<br><br>**All/KS** |

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| | **Volunteer policy.** | |
| **7.3** | **Clinical leadership progress report**<br>IB presented the report which provided an update on the progress made in improving the Trust's ability to meet the requirements of the Clinical Leadership Framework (CLF).<br>IB highlighted any key messages.<br><br>A working group had been set up for Clinical Supervisors (CS's) to ensure their full engagement and input into the developments, decisions and recommendations. The main areas of concern and obstacles to overcome included; the role of the CS and unrelated duties; uninterrupted down time for CS's with Candidates; and, Training.<br><br>Since those meetings significant work with CSs was undertaken to resolve issues and particularly draw the Committee's attention to the fact staff are abstracted to undertake PDRs at the beginning of observation shifts. Substantial work was also carried out on the dashboard as discussed previously. IB passed on his appreciation to KW for her significant assistance in the past.<br><br>The following actions were taken to improve the dashboard:<br>• New PDR/Observation shift process;<br>• Agreement on a suite of five measures for inclusion in the dashboard;<br>• Agreement to cease to record 26 competencies by operational staff.<br>The clinical development role had now been transferred into the Organisational and Effectiveness department. This was important as those currently in post are generally viewed as very competent individuals and as such were being under-utilised on other duties.<br><br>PD requested further information on the effectiveness of this change.<br><br>In summary, it felt like there is traction and progress being made. This was insufficient in the short term but a series of away days were scheduled to take place in the next two weeks and it was hoped as a result of these, further refinement and improvement would take place.<br><br>EM commented there was severe pressure on CS's currently and we need to protect them, therefore it was important how this is managed.<br><br>**Action:**<br>**It was agreed the Clinical Leadership report would remain on the agenda to include information around development posts.**<br><br>**It was suggested that Clinical Supervisors deliver a** | |

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| | **presentation at the next Quality Committee including their link with Clinical Development Managers.**<br><br>**The Quality Committee noted the progress made with clinical leadership and supported the process of sign-off of the proposed revised competencies, and the content of the new dashboard.** | |
| **8.0** | **RISK MANAGEMENT** | |
| **8.1** | **Corporate Risk Report including mid-year risk review**<br>The mid-year risk management report was presented which included changes being implemented to strengthen the risk management capability and processes as well as the opportunity to review the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).<br><br>BM highlighted the movement of key risks in section 2.5, the most significant being Performance related. Management of incidents generally was also flagged. Delays in follow up of incidents by managers had increased which in turn impacts on feedback to staff and improvement areas. The situation was becoming more effective due to the current handling of Datix and work undertaken with managers to ensure the right people are assigned to investigate. Managers agree they can track their incidents more easily. KPI reporting will also be introduced.<br><br>PD thanked SP and BM for a helpful report which clearly informed the current position.<br><br>**The Quality Committee noted the developments outlined in the report and was assured with regard to the effective management of risks.** | |
| **8.2** | **Cost Improvement Plan (CIP) Quality Impact Assessment (QIA) Review**<br>KW presented the report which provided an update on progress made in completing the QIA of the CIPS, and provided the Committee with the opportunity to review and agree risks and mitigations identified in the process. It also included information on the development and use of early warning indicators relating to the safety and quality of services.<br><br>The key risks to quality remain within the A&E Operations directorate but not all directly as a result of the CIPs. A number of CIP schemes relate to developments within the workforce. The schemes that currently pose a risk were:<br>• A&E skill mix, meal break payments and field operations re-organisation;<br>• Sickness Absence;<br>• PTS Transformational work. | |

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| | The committee agreed this needs to be kept high on the agenda. It would be good to see movement on Red items by the next iteration and this was reliant on the CIP management group to be effective in their process.<br><br>**The Quality Committee reviewed the risks and mitigations identified through the QIA process and noted the further development of the quality and safety indicators in relation to operational performance.** | |
| **9.0** | **RESEARCH GOVERNANCE** | |
| **9.1** | **Research & Development Update Report**<br>JM presented the report which provided an overview of developments, issues and risks in relation to research in YAS including progress against the 2014-15 workplan.<br><br>JM informed the regional network had settled on its name "National Institute for Health Research Clinical Network: Yorkshire & Humber" (NIHR CRN:YH). Terms of Reference and have been produced and the network have given an apportionment of research funding to provider organisations. He confirmed YAS has a sustainable amount of funding and was on track.<br><br>JM proposed that a research workshop may be beneficial for the board members in a Board Development Group meeting.<br><br>PD recommended the report and was interested to see the development in management of Intellectual Property.<br><br>**The Quality Committee were assured by the developments, issues and risks outlined in the paper and noted progress against the 2014/15 work plan.** | |
| **10.0** | **ANY OTHER BUSINESS** | |
| **10.1** | **Issues for reporting to the Board and Audit Committee**<br>There were no issues for reporting. | |
| **10.2** | **Review of meeting actions quality review of papers**<br><br>PD commented that papers were adequate and particularly clinical leadership was much improved.<br><br>**Action:**<br>**SP and PD agreed to look at the Quality Committee agenda to identify whether more time can be allowed for key items.** | **SP/PD** |
| **11.0** | **Date and Time of Next Meeting:**<br>(0830) 0900-1230 hours | |

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| | 4 December 2014, Kirkstall and Fountains, Springhill 1, WF2 0XQ | |

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

**_____ CHAIRMAN**

**_____ DATE**